2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000053

FILED Apr 30, 2008 Secretary of State

| Entity Name: IMMOKAL | EE HAITIAN FREE METHODIST CH | HURCH, INC. | , | |
|--|--------------------------------------|---|--|--|
| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
| 312 EUSTIS AVE. IMMOKALEE, FL 33142 | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| P.O. BOX 267 IMMOKALEE, FL 33143 | | | | |
| FEI Number: 14-2006608 | FEI Number Applied For () FEI | Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| LEHMAN, RICHARD A 5421 SHARON TRAIL LAKELAND, FL 33810 | US | LEHMAN, MARJORIE 5421 SHARON TRAIL LAKELAND, FL 33810 | US | |
| The above named entity s in the State of Florida. | ubmits this statement for the purpos | e of changing its registered | office or registered agent, or both, | |
| SIGNATURE: MARJORI | E LEHMAN | | 04/30/2008 | |
| Electron | ic Signature of Registered Agent | | Date | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: PD () Name: EUGENE, EMM/ Address: 11517 NE 12TH City-St-Zip: MIAMI, FL 3316 | AVE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: TD () Name: GEORGES, HUL Address: 909 JEFFERSO City-St-Zip: IMMOKALEE, FI | N AVE | Title: (Name: Address: City-St-Zip: |) Change () Addition | |
| Title: SD () Name: SAINVILUS, JEA Address: 105 KERR CIRC | | Title: (Name: Address: |) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMMANUEL EUGENE PD 04/30/2008