2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007
Secretary of State

DOCUMENT# N94000002218

Entity Name: PHILADELPHIA HAITIAN BAPTIST CHURCH OF WINTER HAVEN, INC.

Current Principal Place of Business:

2395 AVENUE G. NW
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7044
WINTER HAVEN, FL 33883 US

New Mailing Address:

FEI Number: 59-3261781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRIFIL, LOUIS J
3530 XERXES AVE NW
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	XAVIER, LEVEQUE	
Address:	1529 AVE G NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	SD	( ) Delete
Name:	BRIFIL, LOUIS J	
Address:	3530 XERXES AVE NW	
City-St-Zip:	WINTER HAVEN, FL	
Title:	TD	( ) Delete
Name:	DUGAZON, JESUMAINE	
Address:	707 HEMEN WY DR NE	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	PD	( ) Delete
Name:	PIERRE, GEORGES	
Address:	4347 THOMAS RD LANE EAST	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	ROSIFOND, JOSEPH	
Address:	331 TOWHEE RD	
City-St-Zip:	WINTER HAVEN, FL 33881	
Title:	D	( ) Delete
Name:	DUCLOS, CLEMILAR	
Address:	136 OKALOOSA DR.	
City-St-Zip:	WINTER HAVEN, FL 33884	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: LEVEQUE XAVIER PD 03/26/2007

Electronic Signature of Signing Officer or Director — Date