

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002218

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

2395 AVENUE G. NW
WINTER HAVEN, FL 33880 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 33881

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 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

PAST

03/24/2009

Electronic Signature of Signing Officer or Director

Date