

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003664

FILED  
Jun 07, 2008  
Secretary of State

**Entity Name:** FIRST HAITIAN CHRISTIAN CHURCH INC.

**Current Principal Place of Business:**

1301 AVENUE B  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

1301 N. 13TH STREET  
FORT PIERCE, FL 34950 US

**Current Mailing Address:**

POST OFFICE BOX 2125  
FORT PIERCE, FL 34954

**New Mailing Address:**

1301 N 13TH STREET  
FORT PIERCE, FL 34950 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ULYSSE, SALONY  
2718 ROBIN STREET  
FORT PIERCE, FL 34982 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: ST. GERMAIN, FLERINE  
Address: 509 S. 22ND ST. APT. A  
City-St-Zip: FORT PIERCE, FL 34950

Title: VD ( ) Delete  
Name: MICHELE, FRITZ  
Address: 1811 AVE. K  
City-St-Zip: FORT PIERCE, FL

Title: TD ( ) Delete  
Name: ERVILUS, MARIANNA  
Address: 1201 N. 16TH CT.  
City-St-Zip: FORT PIERCE, FL

Title: SD ( ) Delete  
Name: ERVILUS, ST JUDE  
Address: 309 SW KENTWOOD RD  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DCM ( ) Delete  
Name: ULYSSE, SALONY  
Address: 2718 ROBIN STREET  
City-St-Zip: FORT PIERCE, FL 34982

**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:

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: SALONY ULYSSE

DCM

06/07/2008

Electronic Signature of Signing Officer or Director

Date