

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003941

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** HAITIAN BETHESDA BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

13365 COLLIER BLVD.  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8101  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 65-0518849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCKNER, JOSEPH  
518 11ST N  
NAPLES, FL 34102 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: DORNEVIL, MARC M  
Address: 1319 GRANADA BLVD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: DORNEVIL, ETILIA  
Address: 1319 GRANDA BLVD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: LUCKNER, JOSEPH  
Address: 518 11TH ST N  
City-St-Zip: NAPLES, FL 34102

Title: P ( ) Delete  
Name: DORNEVIL, MARC M  
Address: 1319 GRANADA BLVD  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: DORNEVIL, ETILIA  
Address: 6319 GRANADA BLVD  
City-St-Zip: NAPLES, FL 34103

**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: MARC M DORNEVIL

PRES

02/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date