2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N94000003941

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 MONTES DORNEVIL REV 02/18/2009

Electronic Signature of Signing Officer or Director — Date