2006 NOT-FOR-PROFIT CCPPORATION ANNUAL REPORT (AR)

Mar 15, 2006 8:00 am Secretary of State DOCUMENT # N94000006245 1. Entity Name 03-15-2006 90097 048 ****61.25 HAITIAN MISSION BAPTIST CHURCH OF BETHANY. INC. Principal Place of Business Mailing Address 7421 BROCKBANK DR ORLANDO FL 32809 1005 W. OAK RIDGE RD **ORLANDO FL 32809** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3294816 Not Applicable Zip Country Ζıσ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAINTIL, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 7421 BROCKBANK DR ORLANDO FL 32809 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2006 : Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete THE ☐ Change ☐ Addition SAINTIL, RAYMOND NAME NAME STREET ADDRESS 7421 BROCKBANK DR STREET ADDRESS ORLANDO FL 32809 CITY-S1-ZIP City-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERNADETTE, SAINTIL 7421 BROCKBANK DR STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CELIN, BERNELLA MAME NAME STREET ADDRESS 6123 ROXBURG AVE STREET ADDRESS ORLANDO FL 32839 CITY - ST - Zi? CITY-ST-ZIF Change Delete ☐ Addition NAME ELIODOR, RITA NAME STREET ADDRESS STREET ADDRESS. 311 SOUTH DIVISION AVE #C CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP ☐ Change TITLE TITI F □ Delete ☐ Addition CELIN, STECIA NAME 6123 ROX BURG AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE ☐ Addition CLERGER, ANDRESILA NAME NAME 315 SOUTH DIVISION AVE #B STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attagrimen with an address with all other like empowered.

12. If hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 1.

SIGNATURE:

FILED

9, Florida Statutes. I further certify that the information