

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90034 048 \*\*\*\*61.25

<b>DOCUMENT # N94000006245</b> 1. Entity Name <b>HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.</b>		 3.	
Principal Place of Business <b>5915 TOMOKA DR. ORLANDO FL 32809 US</b>		Mailing Address <b>7421 BROCKBANK DR ORLANDO FL 32809 US</b>	
2. Principal Place of Business (No P.O. Box) <b>600 WEST OAK Ridge Rd</b> Suite, Apt. #, etc. <b>D</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>ORLANDO, Florida</b>		City & State	
Zip <b>32809</b>		Country <b>U.S.</b>	
4. FEI Number <b>59-3294816</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAINTIL, RAYMOND 7421 BROCKBANK DR ORLANDO FL 32809</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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: _____ <small>Signature, typed or printed name of registered agent in Block 10 is acceptable. (NOTE: Registered Agent signature is not used when registering.)</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to: Florida Department of State</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>P</b> NAME <b>SAINTIL, RAYMOND</b>	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS <b>7421 BROCKBANK DR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>VP</b>	
CITY- ST- ZIP <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>BERNADETTE, SAINTIL</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete	STREET ADDRESS <b>7421 BROCKBANK DR</b>	
NAME <b>CELIN, BERNELLA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP <b>ORLANDO FL 32809</b>	
STREET ADDRESS <b>6123 ROXBURG AVE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>D</b>	
CITY- ST- ZIP <b>ORLANDO FL 32839</b>	<input type="checkbox"/> Delete	NAME <b>ELICODOR, RITA</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <b>3504 ROBINSON ST</b>	
NAME <b>CELIN, STECIA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY- ST- ZIP <b>ORLANDO FL 32805</b>	
STREET ADDRESS <b>6123 ROX BURG AVE</b>	<input type="checkbox"/> Delete	TITLE <b>D</b>	
CITY- ST- ZIP <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>WILNER, FELIX</b>	
TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	STREET ADDRESS <b>6116 LEELAN DR</b>	
NAME <b>WILNER, FELIX</b>	<input type="checkbox"/> Delete	CITY- ST- ZIP <b>ORLANDO FL 32809</b>	
<b>Expired</b>		<b>D LALANE, Thomas</b> <b>2129 Orange Center Blvd, or. FL 32805</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 attachment with an address, with all other like empowered.			
SIGNATURE: <u>Stecia Celin</u>		Date: <u>03/30/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

66005688  
#N94000006245-

HAITIAN MISSION Baptist CHURCH OF BETHANY ,INC.

600 WEST OAKRIDGE RD  
ORLANDO, FLORIDA 32809  
phone# 407-517-0009

MARCH 29,2008

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

DEAR SIR OR MADAM,

WE HAVE RECEIVED THE ANNUAL REPORT BACK TO US, BECAUSE WE DID NOT SIGN IT. Now we DO Correct it.. Wilner Felix is not in this world anymore, he died or expired , he has been replaced by LALANE, THOMAS as another Director. In this case , the Corrections in this annual report have been made properly, there is no mistake anymore at this point.

Thank you for your attention to this matter.

Respectfully,

Stecia celin

*Stecia Celin*