2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004322

FILED Apr 15, 2009 Secretary of State

Entity Name: EGLISE BAPTISTE HAITENNE ST PAUL D'ORLANDO INC.

Current Principal Place of Business: New Principal Place of Business: 2392 W CHURCH ST.REET 2 S. TEXAS AVE ORLANDO, FL 32855 ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** P.O. BOX 550085 ORLANDO, FL 32855 US FEI Number: 59-3351309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEAN, MAUREL JEAN, MAUREL 5311 ÁEOLUS WAY 1547 DALY ST ORLANDO, FL 32808 ORLANDO, FL 32808 US US 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: MAUREL JEAN 04/15/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JEAN, MAUREL Name: Name: 5311 AEOLUS WAY Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: VD () Delete Title: () Change () Addition SAINT LOUIS, JOSEPH Name: Name: Address: 4009 KILTY COURT Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition LOUIS, MARIE Name: LOUIS, MARIE Name: 4009 KILTY CT Address: Address: 4009 KILTY CT City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32839 Title: () Delete Title: PD () Change (X) Addition Name: Name: JEAN, MAUREL Address: Address: 5311 AEOLUS WAY City-St-Zip: City-St-Zip: ORLANDO, FL 32808

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: MAUREL JEAN PD 04/15/2009