2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004723

FILED Jul 16, 2004 Secretary of State

Entity Name: MOUNT CALVARY HAITIAN BAPTIST CHURCH OF WINTER HAVEN, INC.

Current Principal Place of Business: New Principal Place of Business:

398 RECKER HWY. WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

PO BOX 2546

WINTER HAVEN, FL 33883

FEI Number: 59-3361261 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:

OLUS MINISTRE
2221 9TH STREET NW
434 RED HAWK LOOP
WINTER HAVEN, FL 33881 US
WINTER HAVEN, FL 33880 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: 07/16/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: D () Delete Title: REV. (X) Change () Addition

 Name:
 MINISTRE, OLÚS
 Name:
 MINISTRE, OLÚS

 Address:
 2221 9TH STREET NW
 Address:
 434 RED HAWK LOOP

 City-St-Zip:
 WINTER HAVEN, FL 33881
 City-St-Zip:
 WINTER HAVEN, FL 33880 US

 Name:
 MONPREMIER, DIJOHN
 Name:
 MONPREMIER, DIJON

 Address:
 903 36TH ST. N.W.
 Address:
 903 36TH ST. N.W.

 City-St-Zip:
 WINTER HAVEN, FL 33880
 City-St-Zip:
 WINTER HAVEN, FL 33880

Title: D () Delete Title: () Change () Addition

 Name:
 ROMULUS, JOSEPH
 Name:

 Address:
 308 36TH ST. N.W.
 Address:

 City-St-Zip:
 WINTER HAVEN, FL 33880
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: BLANG, EMMANUEL Name: BLANC, EMMANUEL
Address: 101 HARBOR DRIVE Address: 101 HARBOR DRIVE
City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OLUS MINISTRE REV. 07/16/2004