2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N95000004723

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

Current Principal Place of Business:

398 RECKER HWY.
WINTER HAVEN, FL 33880

New Principal Place of Business:

Current Mailing Address:

P.O BOX 2546
WINTER HAVEN, FL 33883

New Mailing Address:

FEI Number: 59-3361261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLUS, MINISTRE REV.
824 SUN RIDGE VILLAGE DR.
WINTER HAVEN, FL 33880 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: REV. ( ) Delete
Name: MINISTRE, OLUS
Address: 824 SUN RIDGE VILLAGE DR.
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: D ( ) Delete
Name: MONPREMIER, DIJON
Address: 903 36TH ST. N.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: ROMULUS, JOSEPH
Address: 308 36TH ST. N.W.
City-St-Zip: WINTER HAVEN, FL 33880

Title: D ( ) Delete
Name: BLANC, EMMANUEL
Address: 101 HARBOR DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

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:

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: OLUS MINISTRE REV 04/04/2009

Electronic Signature of Signing Officer or Director — Date