

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004723

FILED  
Mar 25, 2011  
Secretary of State

**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 PASTOR  
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.  
Name: MINISTRE, OLUS  
Address: 824 SUN RIDGE VILLAGE DR.  
City-St-Zip: WINTER HAVEN, FL 33880 US

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

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

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

Title: SEC.  
Name: FENELON, CLAUDY SEC.  
Address: 2065 WHISPERING TRAILS BLVD  
City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: OLUS MINISTRE

REV.

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date