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

FILED Feb 22, 2008 08:00 AN DOCUMENT # N95000005488 **Secretary of State** EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER. INC. Mailing Address Principal Place of Business 7321 NE 2ND AVENUE MIAMI FL 33138 7321 NE 2ND AVENUE MIAMI FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/07) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0584599 Not Applicable Country 7in Country Zio \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILNER, MAXY Street Address (P.O. Box Number is Not Acceptable) 1138 NW 101 ST MIAMI FL 33150 City Zip Code 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 (NOTE: Reg stored Agont signature red ured when reinstating) Signature, typed or printed name of registered agent and the Lappi cable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Delete Addition MAXY, WILNER NAME 1138 N.W. 101 STREET STREET ADDRESS STREET ADDRESS U000000835542 MIAMI FL 33150 02/29/08-80039-019 70.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition FERTIL, RICOT NAME NAME 12825 N.E. 2ND AVENUE STREET AUDRESS STREET ADDRESS MIAMI FL 33161 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE EUGENE, RONALD NAME NAME 717 N.W. 177 AVENUE STREET ADDRESS STREET ADDRESS PEMBROKE FL 33029 CITY-ST-7iP CITY-ST-7IP THILE Change Delete TITLE Addition CAZEAU, CHARLES NAME NAME 15011 NE 11 AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33161 CITY+ST-7IP CITY ST-ZIP Change TIFLE ☐ Delete TITLE Addition NORTELUS, CONSTANCE NAME NAME 9119 NORTH MIAMI AVENUE STREET AUDRESS STREET ADDRESS **MIAMI FL 33150** CITY-ST-ZIP CHY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 altachment with an address, with all other like empowered.

SIGNATURE: When Many WINER MAXY 2 –19–08