## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000005488

FILED Jun 01, 2009 Secretary of State

Entity Name: EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER, INC.

Current Principal Place of Business:

New Principal Place of Business:

7321 NE 2ND AVENUE MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

7321 NE 2ND AVENUE MIAMI, FL 33138

FEI Number: 65-0584599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILNER, MAXY
1138 NW 101 ST
WILNER, MAXY
20420 NW 9TH CT.

MIAMI, FL 33150 US MIAMI GARDENS, FL 33169 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: WILNER MAXY 06/01/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition
Name: MAXY, WILNER Name: MAXY, WILNER

Address: 1138 N.W. 101 STREET Address: 20420 NW 9TH CT.

City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI GARDENS, FL 33169

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FERTIL, RICOT
 Name:

 Address:
 12825 N.E. 2ND AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

Title: V () Delete Title: () Change () Addition

 Name:
 EUGENE, RONALD
 Name:

 Address:
 717 N.W. 177 AVENUE
 Address:

 City-St-Zip:
 PEMBROKE, FL 33029
 City-St-Zip:

Title: T ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAZEAU, CHARLES
 Name:

 Address:
 15011 NE 11 AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 NORTELUS, CONSTANCE
 Name:

 Address:
 9119 NORTH MIAMI AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL 33150
 City-St-Zip:

Title: ( ) Delete Title: TA ( ) Change (X) Addition

 Name:
 Name:
 JULES, ALPHONSE

 Address:
 Address:
 1340 NE 134TH ST.

 City-St-Zip:
 City-St-Zip:
 NORTH MIAMI, FL 33161

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: WILNER MAXY PD 06/01/2009