

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002926

FILED
May 11, 2009
Secretary of State

Entity Name: MARANATHA HAITIAN BAPTIST CHURCH OF ORLANDO, INC.

Current Principal Place of Business:

9673 ORANGE AVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

1513 ALGONKIN LOOP
ORLANDO, FL 32828

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

ALADIN, HOFERRIO
9673 ORANGE AVE
ORLANDO, FL 32839 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOUISSAINT, ST. MOINE
Address: 5275 YAUPON ST
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: ALADIN, HOFERRIO
Address: 9673 ORANGE AVE
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: LUBIN, INOFRANCE
Address: 659 W. JEFFERSON STREET #F
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: JACQUES-LOUIS, RAYMOND
Address: 5406 WAUCHULA COURT
City-St-Zip: ORLANDO, FL 32839

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: HOFERRIO ALADIN

REG

05/11/2009

Electronic Signature of Signing Officer or Director

Date