

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006084

FILED  
Apr 25, 2006  
Secretary of State

**Entity Name:** NAPLES HAITIAN PASTORS' ASSOCIATION INC.

**Current Principal Place of Business:**

3709 GUILFORD ROAD  
NAPLES, FL 34112

**New Principal Place of Business:**

3079 GUILFORD ROAD  
NAPLES, FL 34112

**Current Mailing Address:**

3709 GUILFORD ROAD  
NAPLES, FL 34112

**New Mailing Address:**

**FEI Number:** 65-0702059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DESVARISTES, ERIC  
3709 GUILFORD ROAD  
NAPLES, FL 34112 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: PD ( ) Delete  
Name: DESVARISTES, ERIC  
Address: 3709 GUILFORD ROAD  
City-St-Zip: NAPLES, FL 34112

Title: DS ( ) Delete  
Name: DIEUQUILCE, RACINE  
Address: P.O. BOX 8811  
City-St-Zip: NAPLES, FL 34101

Title: DT ( ) Delete  
Name: PIERRE, MERONE  
Address: 14600 EAST TAMiami TRAIL  
City-St-Zip: NAPLES, FL 34114

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ERIC DESVARISTES

PD

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date