2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N97000006799

Entity Name: EL SHALOM HAITIAN COMMUNITY CHURCH, INC.

Current Principal Place of Business:

880 S FEDERAL HWY
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

17219 64TH PLACE N.
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-0808498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREGOIRE, JEAN YVES
17219 64TH PLACE N.
LOXAHATCHEE, FL 33470 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: P/D ( ) Delete
Name: GREGOIRE, JEAN YVES
Address: 17219 64TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V/D ( ) Delete
Name: NARCISSE, CAMILLE
Address: 7706 S.W. 6 CT.
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: T/D ( ) Delete
Name: ALEXANDRE, CENERLY
Address: 2237 TAFT ST
City-St-Zip: HOLLYWOOD, FL 33020

Title: C/D ( ) Delete
Name: JEAN, PAUL
Address: 2254 NW 59 TERR.
City-St-Zip: LAUDERHILL, FL 33313

Title: S/D ( ) Delete
Name: NARCISSE, CARMENCITA
Address: 55 ANN LEE LANE
City-St-Zip: TAMARAC, FL 33319

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:

Title: S/D (X) Change ( ) Addition
Name: NARCISSE, CARMENCITA
Address: 17219 64TH PLACE N.
City-St-Zip: LOXAHATCHEE, FL 33470

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: CARMENCITA NARCISSE S/D 04/22/2009

Electronic Signature of Signing Officer or Director — Date