

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002235

FILED  
Apr 06, 2008  
Secretary of State

**Entity Name:** EGLISE BAPTISTE HAITIENNE DU MONT DES OLIVIERS, INC.

**Current Principal Place of Business:**

6711 SUNSET STRIP  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

4549 N.W. 3RD STREET  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 65-0839871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEAN-FRANCOIS, PIERRE  
4549 N.W. 3RD STREET  
PLANTATION, FL 33317 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: S ( ) Delete  
Name: NICOLAS, LIONEL  
Address: 6413 NW 72ND AVENUE  
City-St-Zip: TAMARAC, FL 33321 US

Title: S ( ) Delete  
Name: OLIVIER, ISABELLE  
Address: 7353 GRANADA WAY  
City-St-Zip: MARGATE, FL 33063 US

Title: T ( ) Delete  
Name: PIERRE-LOUIS, MONIQUE  
Address: 9590 SUNSET STRIP  
City-St-Zip: SUNRISE, FL 33322 US

Title: T ( ) Delete  
Name: DUROCHER, MARIE E  
Address: 10842 NW 45TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: D ( ) Delete  
Name: JEAN -FRANCOIS, PIERRE  
Address: 4549 NW 3RD AVE  
City-St-Zip: PLANTATION, FL 33317 US

**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: ( ) 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: JEAN-FRANCOIS, PIERRE

D

04/06/2008

Electronic Signature of Signing Officer or Director

Date