

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002235

FILED
May 02, 2009
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 ()**
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:

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: D (X) Change () Addition
Name: JEAN -FRANCOIS, PIERRE
Address: 4549 NW 3RD STREET
City-St-Zip: PLANTATION, FL 33317 US

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: PIERRE JEAN-FRANCOIS

D

05/02/2009

Electronic Signature of Signing Officer or Director

Date