## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) ~

## Jun 04, 2008 8:00 am **Secretary of State** DOCUMENT # N98000004678 06-04-2008 90009 018 \*\*\*\*61.25 EBEN-EZER BAPTIST HAITIAN CHURCH, CORP. Principal Place of Business Mailing Address 2706 N 9TH ST TAMPA FL 33605 P.O. BOX 75589 TAMPA FL 33675 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3541256 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUBIN, JEAN A REET Street Address (P.O. Box Number is Not Acceptable) LUTZ FL 33549 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed ed agent and title if approacts. (NOTE: Renistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change ☐ Addition CHEVALIER, GILET NAME NAME STREET ADDRESS 3012 N. TAMPA STREET STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete TITLE ☐ Change Addition PETIT-FRER, JASPARD NAME NAME ALEXANDRE CADELY LAURIUS 2705 E 97TH AVE STREET ADDRESS STREET ADDRESS .. 11331 AUTUMN CT APT.A **TAMPA FL 33612** CITY-ST-7IP CITY-ST-ZIP TAMPA, FL 33612 TITLE Delete TITLE Change Addition D TRAJEAN, FRANCIUS NAME NAME 1707 E MCBERRY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change M Addition SMITH DESIR 30406 GRYMOS DR NAME NAME STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33545 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE Addition NAME EVINS TRAJEAN NAME STREET ADDRESS STREET ADDRESS 1234 ALPINE LAKE DR. CITY-ST-ZIP CITY-ST-ZIP BRANDON, FL TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

FILED