2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2005 8:00 am Secretary of State **DOCUMENT # N99000003651** 05-05-2005 90084 012 ****61.25 GRACE HAITIAN CHURCH INC. Principal Place of Business Mailing Address 715 S. FEDERAL HWY., STE #723 715 S. FEDERAL HWY., STE #723 **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05012005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0778093 Applied For Not Applicable Zip Country 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 BELONY, ANDRE PASTOR 715 S. FEDERAL HWY., NO 723 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH, FL 33435** City Zip Code 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 STANDE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Make check payable to П Due by September 7, 2005 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. mle ☐ Delete TIL E ☐ Change ☐ Addition BELONY, MAITE MONTHE NAME NAME 1460 NW 1ST COURT STREET ADDRESS STREET ADDRESS CITY-ST-7IP BOYNTON BEACH, FL 33435 CITY-ST-ZIP mr ☐ Delete MLE ☐ Change ☐ Addition BELONY, ENOCK J NAME 1460 NW 1ST COURT STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33435 CITY-ST-ZIP CITY-ST-ZIP Ð ☐ Delete tm F ☐ Change ■ Addition MERVEILLE, VESTA NAME STREET ADDRESS 130 S.W. 9TH AVE. STREET ADDRESS City-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

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