

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004018

FILED
Feb 06, 2007
Secretary of State

Entity Name: THE NEW HAITIAN ALLIANCE CHURCH OF BOYNTON BEACH INC.

Current Principal Place of Business:

440 HOADLEY ROAD
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

PO BOX 244064
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: 13-1623940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACQUES, DIEUGRAND DR.
3360 PALOMINO DRIVE
LAKE WORTH, FL 33462 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: PD () Delete
Name: JACQUES, DIEUGRAND DR.
Address: 3360 PALOMINO DRIVE
City-St-Zip: LAKE WORTH, FL 33462

Title: VPD () Delete
Name: LOUIS, JACQUES J REV.
Address: 7149 GLENWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: FADAEI, FADELER
Address: 1163 BARATTA PL
City-St-Zip: LANTANA, FL 33463

Title: D () Delete
Name: ORELUS, KETIA
Address: GLENWOOD DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: ROMILUS, JONACE
Address: 30 GULL WY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: JACQUES, YVROSE S
Address: 3360 PALOMINO DR
City-St-Zip: LAKE WORTH, FL 33462

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
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City-St-Zip:

Title: () Change () Addition
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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 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: DIEUGRAND JACQUES

DR

02/06/2007

Electronic Signature of Signing Officer or Director

Date