

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005920

FILED
Apr 27, 2009
Secretary of State

Entity Name: CONFERENCE OF HAITIAN PASTORS UNITED IN CHRIST, INC.

Current Principal Place of Business:

360 N.E. 151 STREET
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 680027
MIAMI, FL 33168 00

New Mailing Address:

FEI Number: 65-0953696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIEUX, DR. HAROLD A REV
360 NE 151 STREET
MIAMI, FL 33162 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: PED () Delete
Name: VIEUX, DR. HAROLD A REV
Address: 360 NE 151 STREET
City-St-Zip: MIAMI, FL 33162

Title: TV () Delete
Name: WILFRID, SAINT-JEAN REV
Address: 8451 NW 5 AVE
City-St-Zip: MIAMI, FL 33150

Title: TC () Delete
Name: CLIFORD, RICHARD
Address: 360 NE 151 STREET
City-St-Zip: MIAMI, FL 33162

Title: TAC () Delete
Name: JEAN, JEAN R REV
Address: 6582 SPRINGMEADOW DR.
City-St-Zip: GREENACRES, FL 33413

Title: TTR () Delete
Name: LOHIER, FARAH MS
Address: 7676 COLONY PALM DR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: SAINTINE, RAYMONDE MS
Address: 360 NE 151 STREET
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TV (X) Change () Addition
Name: WILFRID, SAINT-JEAN REV
Address: 915 NE 125 STREET, STE. 204
City-St-Zip: MIAMI, FL 33161

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: S (X) Change () Addition
Name: VIEUX, RAYMONDE S MS
Address: 360 NE 151 STREET
City-St-Zip: MIAMI, FL 33162

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: HAROLD A. VIEUX

PED

04/27/2009

Electronic Signature of Signing Officer or Director

Date