

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005920

**FILED**  
**Apr 13, 2010**  
**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:**

P. O. BOX 680027  
MIAMI, FL 33162

**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: CEO  
Name: VIEUX, DR. HAROLD A REV  
Address: 360 NE 151 STREET  
City-St-Zip: MIAMI, FL 33162

Title: TV  
Name: WILFRID, SAINT-JEAN REV  
Address: 17903 SW 2ND STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TTR  
Name: JEAN, JEAN R REV  
Address: 6582 SPRINGMEADOWS DR  
City-St-Zip: GREENACRES, FL 33413

Title: S  
Name: VIEUX, RAYMONDE S SIS.  
Address: 360 NE 151 STREET  
City-St-Zip: MIAMI, FL 33162

I hereby 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 all other like empowered.

SIGNATURE: HAROLD A. VIEUX

CEO

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date