

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006703

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: HAITIAN HOPE MINISTRIES, INC.

## Current Principal Place of Business:

301 SW WEST VIRGINIA  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

861 SW TOUVILLE AVE  
PORT SAINT LUCIE, FL 34953

## New Mailing Address:

861 SW TOUVILLE AVE  
PORT SAINT LUCIE, FL 34953

FEI Number: 59-3610299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JACQUESON, PIERRE REV  
861 SW TROUVILLE AVE  
PORT SAINT LUCIE, FL 34953 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: P ( ) Delete  
Name: PIERRE, JACQUESON REV  
Address: 861 S W TROUVILLE AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete  
Name: JEAN, LOUIGENE  
Address: 1464 WATERWAY COVE DRIVE  
City-St-Zip: WILLINGTON, FL 33414

Title: T ( ) Delete  
Name: PIERRE, SAINFILUS  
Address: 1597 QUAIL DR #203-G  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete  
Name: PIERRE, VILIANE  
Address: 861 S W TROUVILLE AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition  
Name: GARCON, PHENIEL  
Address: 6837 ATHENA  
City-St-Zip: LAKE WORTH, FL 33463

Title: T (X) Change ( ) Addition  
Name: SAINTIL, CAROL  
Address: 1907 SW CRANBERRY ROAD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Change ( ) Addition  
Name: JEAN-BAPTISTE, MICHELLE  
Address: 2528 WILLOW LAKE APT 104  
City-St-Zip: LAKE WORTH, FL 33461

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: REV. JACQUESON PIERRE

P

01/07/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date