

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006703

FILED
Mar 28, 2009
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:

FEI Number: 59-3610299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: GARCON, PHENIEL
Address: 6837 ATHENA
City-St-Zip: LAKE WORTH, FL 33463

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

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

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
Name:
Address:
City-St-Zip:

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: JACQUESON PIERRE

REV.

03/28/2009

Electronic Signature of Signing Officer or Director

Date