

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00416

FILED
Apr 19, 2004
Secretary of State

Entity Name: FLORIDA HAITIAN CHRISTIAN MISSION INC.

Current Principal Place of Business:

48 LAKE HENRY DRIVE
LAKE PLACID, FL 33852 US

New Principal Place of Business:

Current Mailing Address:

48 LAKE HENRY DRIVE
LAKE PLACID, FL 33852 US

New Mailing Address:

FEI Number: 59-2436649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, DARRELL L
48 LAKE HENRY DRIVE
LAKE PLACID, FL 33852 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: JEAN BAPTISTE, PAUL
Address: 12585 NE MIAMI CT.
City-St-Zip: MIAMI, FL 33161

Title: VPD () Delete
Name: CHARITE, ETIENNE
Address: 5216 NE 3RD TERR
City-St-Zip: FT LAUDERDALE, FL 33334

Title: SD () Delete
Name: HIMMELHEBER, CAROLYN
Address: 1373 WHITE PINE DRIVE
City-St-Zip: WEST PALM BEACH, FL

Title: TD () Delete
Name: DARRELL, JENSEN L
Address: 48 LAKE HENRY DRIVE
City-St-Zip: LAKE PLACID, FL 33852

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 for the exemption stated in Section 119.07(3)(i), 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: DARRELL L. JENSEN

TD

04/19/2004

Electronic Signature of Signing Officer or Director

Date