

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005477

FILED
Jan 09, 2009
Secretary of State

Entity Name: HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST, INC.

Current Principal Place of Business:

930 CUSTER AVENUE SE
ATLANTA, GA 30316

New Principal Place of Business:

Current Mailing Address:

930 CUSTER AVENUE SE
ATLANTA, GA 30316

New Mailing Address:

FEI Number: 58-1652824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOLCY, REV. JULIO
4915 E 15TH ST
BRADENTON, FL 34203 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: JOSEPH, ROLAND R
Address: 930 CUSTER AVENUE SE
City-St-Zip: ATLANTA, GA 30316

Title: D () Delete
Name: BEAUGE, ANTONIO
Address: 419 HICKORY ACRES DR. SE
City-St-Zip: SMYRNA, GA 30082

Title: D () Delete
Name: CHAVANNE, ANNE G
Address: 4418 CRESTOAK DR.
City-St-Zip: SMYRNA, GA 30084

Title: DS () Delete
Name: HERARD, NICODEME J
Address: 930 CUSTER AVE.
City-St-Zip: ATLANTA, GA 30316

Title: DT () Delete
Name: STFLEUR, FRANTZ
Address: 930 CUSTER AVE
City-St-Zip: ATLANTA, GA 30316

Title: D () Delete
Name: GUILLAUME, JEAN FELIX
Address: 930 CUSTER AVE.
City-St-Zip: ATLANTA, GA 30316

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:

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: NICODEME J. HERARD

DS

01/09/2009

Electronic Signature of Signing Officer or Director

Date