## 2004 NOT-FOR-PROFIT CORPORATION

## Sep 17, 2004 8:00 am Secretary of State DOCUMENT # N00000005094 09-17-2004 90056 001 \*\*\*\*61.25 09-17-2004 90056 002 \*\*\*\*\*8.75 HAITÍAN CHURCH OF GOD AND DELIVERANCE, INC. Principal Place of Business Mailing Address 66433783 8273 NE 1 AVE 7297 NW 2 AVE MIAMI, FL 33150 MIAMI, FL 33138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09022004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0964982 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEVERE: REV: JULES 8273 NE 1 AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33138 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Due by September 8, 2004 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Evangelista Addition ☐ Delete ☐ Change ner Mossillon SEVERE, REV. JULES NAME NAME STREET ADDRESS 8273 NE 1 AVE STREET ADDRESS 241 NE16457 orth miami Beach F1 33/62 CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change TURIN, JONAS NAME NAME asmine 281 NE 78TH ST STREET ADDRESS 1801 NW 5 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIE miami **ASD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAREUS, GEDEON NAME NAME STREET ADDRESS 19185 NW 11 AVE STREET ADDRESS CITY - ST- 7IP MIAMI, FL 33169 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ARISTILDE, LORIENT NAME STREET ADDRESS 7211 NW 2ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33150 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FREDERIC, VIRGINIE NAME NAME STREET ADDRESS **8273 NE LANE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LOURDES DAREUS, MARIE NAME NAME

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

1918 S NW 11 AVE

MIAMI, FL 33169

STREET ADDRESS

CIGNATURE AND TOMAS OF PRINTED MALLS OF PRINTED OF PRIN	SIGNATURE: C. Sever	7 -	14-200	4
Daylime Phone #	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	