

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005
Secretary of State

DOCUMENT# N02000000711

Entity Name: HOUSE OF THE LIVING GOD OF HLG # 2 INC

Current Principal Place of Business:

1110 NE 154 TERR
MIAMI, FL 33138

New Principal Place of Business:

6620 N MIAMI AVE
MIAMI, FL 33150

Current Mailing Address:

PO BOX 613611
MIAMI, FL 33261

New Mailing Address:

FEI Number: 04-3609168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LACROIX, ALEX
531 NE 124 ST
N MIAMI, FL 33161 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MIREILLE, MICHEL SIMON
Address: 1110 NE 154 TERR
City-St-Zip: NORTH MIAMI, FL 33162

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

Title: P () Delete
Name: ALEX, LACROIX
Address: 531 NE 124 ST
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: T () Delete
Name: PAMPHILE, DARLINE-LACROI
Address: 531 NE 124 ST
City-St-Zip: NORTH MIAMI, FL 33161

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

Title: T () Delete
Name: PIERRE, NETHLIE
Address: 1004 BIARRIZE DR APT #4
City-St-Zip: MIAMI, FL 33141

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: ALEX LACROIX

P

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date