

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000711

FILED  
May 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

6620 N MIAMI AVE  
MIAMI, FL 33150

**New Principal Place of Business:**

**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 ( )  
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:**

LACROIX, ALEX  
531 NE 124 ST  
N MIAMI, FL 33161      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: VP      ( ) Delete  
Name: MICHEL SIMON, MIREILLE  
Address: 1110 NE 154 TERR  
City-St-Zip: NORTH MIAMI, FL 33162

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

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

Title: S      ( ) Delete  
Name: PIERRE, NETHLIE  
Address: 204 S LUNA CIRCLE # 5  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S T      ( ) Delete  
Name: JEAN PIERRE, DARLINE E  
Address: 17941 NW 14 CT  
City-St-Zip: MIAMI, FL 33169

**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:

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: ALEX LACROIX

P

05/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date