

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:

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:

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