

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

02-10-2004 90035 035 ****70.00

DOCUMENT # N02000003828	
1. Entity Name CHURCH OF GOD MILITANT, INC.	

Principal Place of Business 104 NW 5TH AVENUE DELRAY BEACH FL 33444	Mailing Address 104 NW 5TH AVENUE DELRAY BEACH FL 33444
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 65-1114765	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERSULIEN, LUSA, REV 104 NW 5TH AVENUE DELRAY BEACH FL 33444	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: *Lusa Versulien*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/3/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to: Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME VERSULIEN, LUSA STREET ADDRESS 2216 NE 3RD AVENUE CITY-ST-ZIP DELRAY BEACH FL 33444 ☒ Delete	TITLE <i>BATHOL Saintally</i> NAME <i>179 SE 27 PLACE</i> STREET ADDRESS <i>Boynton Beach FL 33435</i> CITY-ST-ZIP ☒ Change ☐ Addition	TITLE SD NAME VERSULIEN, YANICK STREET ADDRESS 2216 NE 3RD AVENUE CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete	TITLE <i>labady Jean-Blaude</i> NAME <i>5146 NW 6 TH ST Delray Beach</i> STREET ADDRESS <i>FL 33445</i> CITY-ST-ZIP ☒ Change ☐ Addition
TITLE ASD NAME SANON, JUDE STREET ADDRESS 1620 STONEHAVEN DRIVE APT 7 CITY-ST-ZIP BOYNTON BEACH FL 33436 ☒ Delete	TITLE <i>ement Cher</i> NAME <i>15999 SW PAV APT A205</i> STREET ADDRESS <i>33444</i> CITY-ST-ZIP ☒ Change ☐ Addition	TITLE TD NAME TOUTE, CHARITABLE STREET ADDRESS 222 NE 16TH STREET CITY-ST-ZIP DELRAY BEACH FL 33444 ☒ Delete	TITLE ☐ Change ☐ Addition
TITLE CD NAME ETIENNE, JUSTE ST. STREET ADDRESS 1651 NE 3RD AVENUE CITY-ST-ZIP DELRAY BEACH FL 33444 ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition	TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *Lusa Versulien*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #