

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007128
 1. Entity Name
FLORIDA CITY SOUTH DADE HAITIAN FREE METHODIST CHURCH, INC



Principal Place of Business Mailing Address
303 NW LUCY STREET **303 NW LUCY STREET**
FLORIDA CITY, FL 33034 **FLORIDA CITY, FL 33034**

DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1369318	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
DOR, DAVID
9281 MARTINIQUE DRIVE
MIAMI, FL 33189

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOR, DAVID 303 NW LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YVON, THELEMAQUE 303 NW LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOISETTE, NADINE 303 NW LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, AUGUSTE 303 NW LUCY STREET FLORIDA CITY, FL 33034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/17/08-80044-026 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ **1/9/08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #