

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007128

FILED
Apr 23, 2009
Secretary of State

Entity Name: FLORIDA CITY SOUTH DADE HAITIAN FREE METHODIST CHURCH, INC

Current Principal Place of Business:

303 NW LUCY STREET
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

303 NW LUCY STREET
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 20-1369318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOR, DAVID
9281 MARTINIQUE DRIVE
MIAMI, FL 33189 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: P () Delete
Name: DOR, DAVID
Address: 303 NW LUCY STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP () Delete
Name: YVON, THELEMAQUE
Address: 303 NW LUCY STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: S () Delete
Name: NOISETTE, NADINE
Address: 303 NW LUCY STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: T () Delete
Name: JOSEPH, AUGUSTE
Address: 303 NW LUCY STREET
City-St-Zip: FLORIDA CITY, FL 33034

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:

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: DAVID DOR

Electronic Signature of Signing Officer or Director

PRES

04/23/2009

Date