

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007128

FILED
Mar 22, 2012
Secretary of State

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

Current Principal Place of Business:

303 W LUCY STREET
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

303 W 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:

DAVID, DOR
9281 MARTINIQUE DRIVE
MIAMI, FL 33034 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
Name: YVON, THELEMAQUE
Address: 333 N.W 7TH AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

Title: VP
Name: MILANDE, DOR
Address: 9281 MARTINIQUE DRIVE
City-St-Zip: MIAMI, FL 33189

Title: S
Name: YOULINE, P. SIMON
Address: 155 N.W 14 STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: T
Name: PROSPERE, AUGUSTE
Address: 303 NW LUCY STREET
City-St-Zip: FLORIDA CITY, FL 33034

Title: AT
Name: NOVILA, MICHEL
Address: 1345 N.W 10 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: ADV
Name: ADLINE, THELEMAQUE
Address: 333 N.W 7THY AVENUE
City-St-Zip: FLORIDA CITY, FL 33034

I hereby 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 all other like empowered.

SIGNATURE: YVON THELEMAQUE

P

03/22/2012

Electronic Signature of Signing Officer or Director

Date