

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05261** (5)
1. Corporation Name

HAITIAN PENTECOSTAL CHURCH OF GOD, INC.



Principal Place of Business 4591 NORTH DIXIE HIGHWAY POMPANO BCH FL 33064	Mailing Address 4591 NORTH DIXIE HIGHWAY POMPANO BCH FL 33064
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/20/1984	
4. FEI Number 59-2451513	Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent NICOLAS, MICHEL 4591 NORTH DIXIE HIGHWAY POMPANO BCH. FL 33064
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	NICOLAS, MICHEL
STREET ADDRESS	121 NE 23 CT
CITY-ST-ZIP	POMPANO BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	CADET, JOSEPH W
STREET ADDRESS	840 NE 51 CT
CITY-ST-ZIP	POMPANO BCH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DORMEVL, ARNOLD
STREET ADDRESS	4110 N.W. 3 WAY
CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	POMPILUS, SEPOUDY
STREET ADDRESS	5408 N.E. 4 AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	DESTIN, MARIE M
STREET ADDRESS	610 ANDERSON CIRCLE, APT 203
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	IFRAEL, ISRAEL
STREET ADDRESS	151 NW 41 CT
CITY-ST-ZIP	POMPANO BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	THEUS, KESNEL
6.3 STREET ADDRESS	4742 N.E. 6 AVENUE
6.4 CITY-ST-ZIP	POMPANO BEACH FL 33064

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michel Nicolas* 3/17/98 (954) 942-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)