

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90035 009 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N05261**

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

200173-90035-6 3



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	3. Date Incorporated or Qualified 09/20/1984 4. FEI Number 59-2451513 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICOLAS, MICHEL**  
4591 NORTH DIXIE HIGHWAY  
POMPANO BCH. FL 33064

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICOLAS, MICHEL	1.2 NAME	
STREET ADDRESS	121 NE 23 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADET, JOSEPH W	2.2 NAME	SEJOURS, HENRY
STREET ADDRESS	840 NE 51 CT	2.3 STREET ADDRESS	4340 NW 32 STREET
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33319
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORMEVL, ARNOLD	3.2 NAME	CADET, JOSEPH W.
STREET ADDRESS	4110 N.W. 3 WAY	3.3 STREET ADDRESS	840 NE 51 COURT
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POMPILUS, SEPOUDY	4.2 NAME	AUGUSTIN, ROSEMONDE
STREET ADDRESS	5408 N.E. 4 AVENUE	4.3 STREET ADDRESS	310 NE 25 STREET
CITY-ST-ZIP	FORT LAUDERDALE FL	4.4 CITY-ST-ZIP	POMPANO BEACH FL 33064
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESTIN, MARIE M	5.2 NAME	
STREET ADDRESS	610 ANDERSON CIRCLE, APT 203	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEUS, KESNEL	6.2 NAME	GEFFRARD, DENORAND
STREET ADDRESS	4742 NE 6TH AVE	6.3 STREET ADDRESS	2430 NE 3 AVENUE
CITY-ST-ZIP	POMPANO BCH FL 33064	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, with all other like empowered.

SIGNATURE:

*Nicolas Michel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/99

(954) 941-9798

Date

Daytime Phone #

CR2E037 (1/98)