

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002266

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** PASSION FOR GOD, COMPASSION FOR PEOPLE IN NEED, INC.

**Current Principal Place of Business:**

8480 NW 24TH PLACE  
SUNRISE, FL 333223330

**New Principal Place of Business:**

**Current Mailing Address:**

8480 NW 24TH PLACE  
SUNRISE, FL 333223330

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAYMOND, ELIDIEU  
8480 NW 24TH PLACE  
SUNRISE, FL 333223330 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: C  
Name: RAYMOND, ELIDIEU  
Address: 8480 NW 24TH PLACE  
City-St-Zip: SUNRISE, FL 333223330

Title: D  
Name: MONDELUS, DELISON  
Address: 1826 NW 20TH AVE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: D  
Name: JEAN, SYLVAIN L  
Address: 2750 NW 56TH AVE F501  
City-St-Zip: LAUDERHILL, FL 33313

Title: D  
Name: ESPERANCE, RODRIGUE  
Address: 3520 NW 85TH WAY #304  
City-St-Zip: SUNRISE, FL 33351

Title: D  
Name: RAYMOND, SAUL  
Address: 6829 BROADMOOR  
City-St-Zip: N LAUDERDALE, FL 33068

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: ELIDIEU RAYMOND

PAST

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date