

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16556

FILED
Jan 13, 2009
Secretary of State

Entity Name: INDEPENDENT HAITIAN ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

106 N. 20TH STREET
FT. PIERCE, FL 34950

New Principal Place of Business:

1914 ORANGE AVENUE
FT. PIERCE, FL 34950

Current Mailing Address:

106 N. 20TH STREET
FT. PIERCE, FL 34950

New Mailing Address:

1914 ORANGE AVENUE
FT. PIERCE, FL 34950

FEI Number: 59-2815732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXINE, ESPERANT BISHOP
1914 ORANGE AVE
FT. PIERCE, FL 34950 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: T () Delete
Name: LEXINE, ESPERANT
Address: 106 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: LEXINE, SANDY
Address: 106 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: T () Delete
Name: BAPTISTE, MERCILIER JN
Address: 306 S. 13TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEXINE, ESPERANT
Address: 106 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: VP (X) Change () Addition
Name: LEXINE, SANDY
Address: 106 N. 20TH STREET
City-St-Zip: FT. PIERCE, FL 34950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: GEORGES, ORMELIA
Address: 18TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: SANDY LEXINE

VP

01/13/2009

Electronic Signature of Signing Officer or Director

Date