


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32727</b> 1. Entity Name <b>FIRST HAITIAN CHURCH OF THE LIVING GOD, INC.</b>	
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Principal Place of Business <b>132 NW 54 STREET MIAMI FL 33127 US</b>	Mailing Address <b>13715 NE MIAMI MIAMI FL 33161 US</b>
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2. Principal Place of Business	3. Mailing Address	Suite, Apt #, etc.
City & State	City & State	1st MOORE CR2E037 (10/04)
Zip	Country	4. FEI Number <b>65-0350921</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent  <b>SAINT FLEUR, BISHOP WALTER 13715 NE MIAMI CT. MIAMI FL 33161</b>	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP SAINT FLEUR, REV. WALTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13715 NE MIAMI CT.	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	DV SAINT FLEUR, CLAIRELIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13715 NE MIAMI CT	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	U00000341229 04/29/05-80007-010 61.25
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	DS PIERRE, SYLVIE G	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	380 NW 122 ST	NAME	
STREET ADDRESS	MIAMI FL	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	DT GUILLAUME, GUNTER	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	855 NE 179 TERRACE	NAME	
STREET ADDRESS	NORTH MIAMI BEACH FL 33162	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	DT ST FLEUR, WILSON	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3700 NW 8TH AVE	NAME	
STREET ADDRESS	MIAMI FL 33168	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Clairelia Saint Fleur **Clairelia Saint Fleur** 4-25-05-30568507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #