


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 22, 2008 8:00 am
Secretary of State

07-22-2008 90007 007 ****69.75

DOCUMENT # N32727
 1. Entity Name
FIRST HAITIAN CHURCH OF THE LIVING GOD, INC.



Principal Place of Business Mailing Address
132 NW 54 STREET MIAMI FL 33127 US **13715 NE MIAMI MIAMI FL 33161 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0350921** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
SAINT FLEUR, BISHOP WALTER
13715 NE MIAMI CT.
MIAMI FL 33161

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Walter Saint Fleur* **7, 18, 08**
Signature, typed or printed name of registered agent and the, if applicable, (NOTE) Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SAINT FLEUR, REV. WALTER	
STREET ADDRESS	13715 NE MIAMI CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SAINT FLEUR, CLAIRELIA	
STREET ADDRESS	13715 NE MIAMI CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PIERRE, SYLVIE G	
STREET ADDRESS	380 NW 122 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GUILLAUME, GUNTER	
STREET ADDRESS	855 NE 179 TERRACE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ST FLEUR, LEVOYANT	
STREET ADDRESS	13715 NE MIAMI CT	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Walter Saint Fleur Bishop* **7, 18, 08** **796, 262-1293**