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I-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Aug. 17, 2007 08:00 A
Secretary of State

DOCUMENT # N94000005018

1. Entity Name

SANCTIFIED CHURCH OF GOD, INC.



Principal Place of Business

Mailing Address

6033 KIMBERLY BLVD.
NORTH LAUDERDALE FL 33065
US

2621 NW 116TH TERRACE
CORAL SPRINGS FL 33065



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/07)

4. FEI Number

65-0530942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GELIN, FRITZNEL PASTOR
2621 NW 116TH TERRACE
CORAL SPRINGS FL 33065

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME GELIN, FRITZNEL PASTOR
STREET ADDRESS C/O 2621 NW 116TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U000000772224
CITY-ST-ZIP 08/17/07-80004-004 70.00

TITLE ☐ Delete
NAME GELIN, MAGALIE
STREET ADDRESS 25621 N.W. 116TH TERRACE
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVP
STREET ADDRESS DIEULAIN, VERES
CITY-ST-ZIP 5981 N.W. 24 PLACE
SUNRISE FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME COMPERE, JUDIA DECON
STREET ADDRESS 2611 N.W. 59 AVENUE
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D/SC
STREET ADDRESS PATRICK, JEAN-BAPTISTE DECON
CITY-ST-ZIP 5519 SW 7TH STREET
MARGATE FL 33068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

[Signature] Pastor Fritznel GELIN 08-09-07 / 954-673-3241