

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002795

FILED
Apr 30, 2007
Secretary of State

Entity Name: FIRST HAITIAN CHURCH OF GOD, INC.

Current Principal Place of Business:

932 WEST AVE A
BELLE GLADE, FL 33430 US

New Principal Place of Business:

Current Mailing Address:

JEANNINE FORTUNE
786 GAZETTA WAY
WEST PALM BEACH, FL 33413 US

New Mailing Address:

FEI Number: 65-0825840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTUNE, JEANNINE
786 GAZETTA WAY
WEST PALM BEACH, FL 33413 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: PD () Delete
Name: FORTUNE, JEANNINE
Address: 786 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD () Delete
Name: BONNET, LOUITENE
Address: 5733 CANNON WAY
City-St-Zip: WEST PALM BEACH, FL 33415

Title: DS () Delete
Name: CLENOR, CLAIREVOYANT
Address: 101 NW 10TH ST
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: MARIUS, JEAN
Address: 225 SOUTH WEST AVE, APT G
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: FORTUNE, ERNANDE
Address: 786 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D () Delete
Name: GEREMIE, SAINT-VIL
Address: 786 GAZETTA WAY
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JEANNINE FORTUNE

MRS

04/30/2007

Electronic Signature of Signing Officer or Director

Date