

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002795

FILED  
Apr 30, 2008  
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

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date