

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Feb 06 1998 8:00am  
Secretary of State

DOCUMENT # **N97000005037 (3)**

1. Corporation Name  
**HAITIAN CHURCH OF GOD SANCTIFIED, INC.**



Principal Place of Business Mailing Address  
5121 NW 2ND AVENUE MIAMI FL 33127

3. Date Incorporated or Qualified  
**09/08/1997**

4. FEI Number **65-0793117**  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 **5121 NW 2nd Ave.** 25 **5224 N. Miami Ave**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Miami, FL** 27 **Miami, FL**  
City & State City & State  
23 **33127** 28 **33127**  
Zip Zip  
24 Country 25 **Dade** 29 Country 30 **Dade**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUCLAIR, PASCAL**  
5224 NORTH MIAMI AVENUE  
MIAMI FL 33127

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCLAIR, PASCAL	1.2 NAME	
STREET ADDRESS	5224 NORTH MIAMI AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCLAIR, FRANCIUSE F	2.2 NAME	
STREET ADDRESS	5224 NORTH MIAMI AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOTAIRE, JACQUES	3.2 NAME	
STREET ADDRESS	1350 NE 149TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCLAIR, FRANCOIS	4.2 NAME	
STREET ADDRESS	75 NE 29TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Duclair, Pascal **DUCLAIR, PASCAL** **1-29-98** **(305) 756-1048**

CR2E037 (10/97)