


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90135 006 ****75.00

DOCUMENT # N97000005037
1. Entity Name
HAITIAN CHURCH OF GOD SANCTIFIED, INC.



Principal Place of Business Mailing Address
5121 NW 2ND AVENUE **5224 N MIAMI AVE**
MIAMI FL 33127 **MIAMI FL 33127**
US

2. Principal Place of Business 3. Mailing Address
5121 NW 2ND AVENUE **5224 N. MIAMI AVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL.**

Zip Country Zip Country
33127 **DADE** **33127** **DADE**



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-0793117 Not Applicable

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

6. Name and Address of Current Registered Agent
DUCLAIR, PASCAL
5224 NORTH MIAMI AVENUE
MIAMI FL 33127

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 **JACQUES CLOTAIRE** *Jacques Clotaire* DATE
Signature, typed or printed name of registered agent and title if applicable (Typed) Registered Agent signature required when reinstating

FILE NOW: FEE IS \$61.25
Due By: May 1, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CLOTAIRE, JACQUES PD 1350 NE 148TH STREET N MIAMI BEACH FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUCLAIR, FRANCIUSE F 5224 NORTH MIAMI AVE MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUPONT, MARIOLENE 778 NW 41 ST MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AURELUS, MARIE I 4132 NW 11TH COURT MIAMI FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DUCLAIR, FRANCOIS 402 NW 100 TR MIAMI FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Jacques Clotaire* Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR