

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # N97000005037

1. Entity Name

HAITIAN CHURCH OF GOD SANCTIFIED, INC.



Principal Place of Business

5121 NW 2 AVENUE  
MIAMI FL 33127

Mailing Address

5224 N MIAMI AVE  
MIAMI FL 33127  
US

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

5121 NW 2nd AVE.

3. Mailing Address

5224 NORTH MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

MIAMI, FL.

City & State

MIA. FL.

4. FEI Number

65-0793117

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33127

Country

USA

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: FRANCIEUSE F. DUCLAIR  
Street Address (P.O. Box Number is Not Acceptable)  
5224 NORTH MIAMI AVENUE  
City: MIAMI FL Zip Code: 33127

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

04-16-07

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

TITLE: PD  
NAME: CLOTAIRE, JACQUES PD  
STREET ADDRESS: 1350 NE 149TH STREET  
CITY-ST-ZIP: N MIAMI BEACH FL 33161 ☒ Delete

TITLE: VD  
NAME: DUCLAIR, FRANCIEUSE F  
STREET ADDRESS: 5224 NORTH MIAMI AVE  
CITY-ST-ZIP: MIAMI FL 33127 ☐ Delete

TITLE: SD  
NAME: DUPONT, MARIOLINE  
STREET ADDRESS: 778 NW 41 ST  
CITY-ST-ZIP: MIAMI FL 33127 ☐ Delete

TITLE: TD  
NAME: AURELUS, MARIE I  
STREET ADDRESS: 4132 NW 11TH COURT  
CITY-ST-ZIP: MIAMI FL 33127 ☐ Delete

TITLE: TD  
NAME: DUCLAIR, FRANCOIS  
STREET ADDRESS: 402 NW 100 TR  
CITY-ST-ZIP: MIAMI FL 33150 ☐ Delete

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☒ Change ☐ Addition  
NAME: FRANCIEUSE F. DUCLAIR  
STREET ADDRESS: 5224 N. MIA. AVE. MIA. FL 33127

TITLE: VD ☐ Change ☒ Addition  
NAME: MARIE M. THERAGENE  
STREET ADDRESS: 5721 MADISON STREET HOLLYWOOD  
CITY-ST-ZIP: FL 33023

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

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

TITLE: ☐ Change ☐ Addition  
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 Section 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: FRANCIEUSE F. DUCLAIR 04-16-07 (305) 756-1048