


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 039 ****75.00

DOCUMENT # N97000005037			
1. Entity Name HAITIAN CHURCH OF GOD SANCTIFIED, INC.			
Principal Place of Business 5121 NW 2ND AVENUE MIAMI FL 33127		Mailing Address 5224 N MIAMI AVE MIAMI FL 33127 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0793117		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUCLAIR, FRANCIUSE F 5224 NORTH MIAMI AVENUE MIAMI FL 33127		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCLAIR, FRANCIUSE F		NAME		
STREET ADDRESS	5224 NORTH MIAMI AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIAN, MARLENE		NAME		
STREET ADDRESS	1137 NW 29 ST APT 2		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELUS, MARIE I		NAME		
STREET ADDRESS	4132 NW 11TH COURT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33127		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCLAIR, FRANCOIS		NAME		
STREET ADDRESS	402 NW 100 TR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THERAGENE, MARIE M		NAME		
STREET ADDRESS	5721 MADISON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33023		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *FF Duclair* 03/17/08 (305) 756-1048