

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005037

FILED
Mar 22, 2009
Secretary of State

Entity Name: HAITIAN CHURCH OF GOD SANCTIFIED, INC.

Current Principal Place of Business:

5121 NW 2ND AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

5224 N MIAMI AVE
MIAMI, FL 33127 US

New Mailing Address:

FEI Number: 65-0793117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUCLAIR, FRANCIUEUSE F
5224 NORTH MIAMI AVENUE
MIAMI, FL 33127 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: DUCLAIR, FRANCIUEUSE F
Address: 5224 NORTH MIAMI AVE
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: SYLVIAN, MARLENE
Address: 1137 NW 29 ST APT 2
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: AURELUS, MARIE I
Address: 4132 NW 11TH COURT
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: DUCLAIR, FRANCOIS
Address: 402 NW 100 TR
City-St-Zip: MIAMI, FL 33150

Title: VSD () Delete
Name: THERAGENE, MARIE M
Address: 5721 MADISON STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: FRANCIEUSE FDUCLAIR

PD

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date