

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005037

FILED  
Mar 26, 2012  
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, FRANCIEUSE 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  
Name: DUCLAIR, F F  
Address: 5224 NORTH MIAMI AVE  
City-St-Zip: MIAMI, FL 33127

Title: VD  
Name: FIDELE, WOODYNN  
Address: 5224 NORTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33127

Title: SD  
Name: ORELUS, MARIE I  
Address: 4132 NW 11TH COURT  
City-St-Zip: MIAMI, FL 33127

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

Title: ASD  
Name: THERAGENE, MARIE M  
Address: 5721 MADISON STREET  
City-St-Zip: HOLLYWOOD, FL 33023

I hereby 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 all other like empowered.

SIGNATURE: F.F. DUCLAIR

PD

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date