## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **Secretary of State** DOCUMENT # N99000006975 03-08-2004 90044 026 \*\*\*\*61.75 THE FIRST HAITIAN CHURCH OF GOD OF PROPHECY OF FT. MYERS, INC. Principal Place of Business Mailing Address 2646 FORD STREET 2646 FORD STREET FT MYERS, FL 33916 FT MYERS, FL 33916 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0601540 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DAJUSTE, JEAN 3062 GRAND AVE Street Address (P.O. Box Number is Not Acceptable) FT MYERS, FL 33901 City Zip Code The above named solid 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to . Trust Fund Contribution. Due by May 1, 2004 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD TITLE ☐ Defete TITLE ☐ Change Addition NAME DAJUSTE, JEAN NAME STREET ADDRESS 306 GRAND AV STREET ADDRESS FORT MYERS, FL 33901 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change **Addition** AUGUSME, CARNES SAINVAIL, JEAN B NAME NAME 4450 MEAD AV STREET ADDRESS 1680 PASSATE AV STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP FT MYERS FI 33901 TELLE THILE Channe Addition NAME RACICIS, LUBRAINE NAME STREET ADDRESS 4237 GREENWOOD AV STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33905 CITY-ST-ZIP TITLE Delete TITLE SD ☐ Change Addition X GOVINGELES LOGIE CIECLE LAGUERVE, JEAN W NAME NAME 4620 W DRIVE STREET ADDRESS STREET ANDRESS CITY-ST-ZIP FORT MYERS, FL 33907 CITY-ST-ZIP FT MYERS FL 33901 BTD Delete TITLE TITLE Change Addition THOMAS, ROSEMOND BARDETTE, MAXIME 1340 JACKSON ST APT 403 NAME NAME STREET ADDRESS 3539 GLENN DR STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33901 CITY-ST-ZIP Fr MYERS FI 33901 TITLE ☐ Delete TITLE ☐ Change ■ Addition CASIMIR, ROSE MARIE NAME NAME STREET ADDRESS 1859 HANSON STREET STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33901 CITY-ST-ZIP 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.

Date

Daytime Phone #

**FILED** 

Mar 08, 2004 8:00 am