2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006975

FILED Jan 19, 2006 Secretary of State

Entity Name: THE FIRST HAITIAN CHURCH OF GOD OF PROPHECY OF FT. MYERS, INC.

Current Principal Place of Business: New Principal Place of Business: 2646 FORD STREET FT MYERS, FL 33916 **Current Mailing Address: New Mailing Address:** 2646 FORD STREET FT MYERS, FL 33916 FEI Number: 65-0601540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAJUSTE, JEAN 3062 GRAND AVE FT MYERS, FL 33901 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DAJUSTE, JEAN DAJUSTE, JEAN Name: Name: 306 GRAND AV Address: 3062 GRAND AV Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 Title: Title: (X) Change () Addition () Delete AUGUSME, CARNES Name: DAJUSTE, MARIE ESTHER Name: Address: 4450 MEAD AVE Address: 3062-3064 GRAND AVE City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 Title: TRES () Delete Title: () Change () Addition RACICIS, LUBRAINE Name: Name: Address: 4237 GREENWOOD AV Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: ΕV Title: () Change () Addition () Delete GOUIN, GEIES Name: Name: Address: 2048 MARAVINA CIRCLE Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: Title: DEAC () Delete Title: LMIN (X) Change () Addition BARDETTE, MAXIME CASIMIR, ROSE MARIE Name: Name: 2340 JACKSON ST. APT 403 1859 HANSON STREET Address: Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 Title: (X) Delete Title: () Change () Addition CASIMIR, ROSE MARIE Name: Name: Address: 1859 HANSON STREET Address: FT MYERS, FL 33901 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN DAJUSTE PS 01/19/2006