

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005094

Entity Name: HAITIAN CHURCH OF GOD AND DELIVERANCE, INC.**Current Principal Place of Business:**7297 N.W. 2ND AVENUE
MIAMI, FL 33150**Current Mailing Address:**7620 NW 2ND AVENUE
APT. 7
MIAMI, FL 33150 US**FEI Number:** 65-0964982**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SEVERE, PASTOR, REV. JULES
7620 NW 2ND AVENUE
APT. 7
MIAMI, FL 33150 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

Officer/Director Detail :

Title	CEOP
Name	SEVERE, PASTOR, REV. JULES
Address	150 N.E. 79 TH STREET APT 1101
City-State-Zip:	MIAMI FL 33138

Title	BM, SECTARY
Name	DERLINE, ETIENNE
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM
Name	CHARITABE, PIERRE
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM, V. PRESIDENT
Name	CHARLES, EVANGL, BENITO
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM
Name	SAINTANIA, SAINFAR
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM
Name	SIMON, JEAN-PIERRE
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM
Name	LILIANNE, SERAPHIN
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

Title	BM
Name	DELIVRANCIA, BERNADIN
Address	7297 N.W. 2ND AVENUE
City-State-Zip:	MIAMI FL 33150

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: SEVERE, PASTOR , REV. JULES**CEO/PRESIDENT****01/18/2013**

Electronic Signature of Signing Officer/Director Detail

Date