

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007128

FILED
Feb 24, 2015
Secretary of State
CC2343613952

Entity Name: FLORIDA CITY SOUTH DADE HAITIAN FREE METHODIST CHURCH, INC

Current Principal Place of Business:

303 W LUCY STREET
FLORIDA CITY, FL 33034

Current Mailing Address:

303 W LUCY STREET
FLORIDA CITY, FL 33034

FEI Number: 20-1369318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THELEMAQUE, YVON
303 W LUCY STREET
FLORIDA CITY, FL 33034 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: YVON THELEMAQUE

02/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name YVON, THELEMAQUE
Address 333 N.W 7TH AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title VP
Name MICHEL, NOVILA
Address 303 W LUCY STREET
City-State-Zip: FLORIDA CITY FL 33034

Title S
Name YOULINE, P. SIMON
Address 155 N.W 14 STREET
City-State-Zip: FLORIDA CITY FL 33034

Title T
Name PROSPERE, AUGUSTE
Address 303 NW LUCY STREET
City-State-Zip: FLORIDA CITY FL 33034

Title AT
Name THELEMAQUE, ADLINE
Address 333 N.W 7THY AVENUE
City-State-Zip: FLORIDA CITY FL 33034

Title ADV
Name ADLINE, THELEMAQUE
Address 333 N.W 7THY AVENUE
City-State-Zip: FLORIDA CITY FL 33034

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: YVON THELEMAQUE

PRESIDENT

02/24/2015

Electronic Signature of Signing Officer/Director Detail

Date