

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005389

Entity Name: BETHANY HAITIAN ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**6229 WINEGARD ROAD
ORLANDO, FL 32809**Current Mailing Address:**6229 WINEGARD ROAD
ORLANDO, FL 32809**FEI Number: 59-3344752****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DUBUISSON, MOISE
6229 WINEGARD ROAD
ORLANDO, FL 32809 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: MOISE DUBUISSON****04/13/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PASTOR	Title	TREASURER
Name	LUCAS, IDALBERT	Name	ROMEUS, SAINT LOUIS
Address	6229 WINEGARD ROAD	Address	6229 WINEGARD ROAD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	SECRETARY	Title	ASST. TREASURER
Name	DUBUISSON, MOISE	Name	GEFFRARD, ESAU
Address	6229 WINEGARD ROAD	Address	6229 WINEGARD ROAD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	VICE-PRESIDENT	Title	PRESIDENT
Name	LECCIMA, JULIEN	Name	NOEL, JEAN-LUC
Address	6229 WINEGARD ROAD	Address	6229 WINEGARD ROAD
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32809
Title	ASST. SECRETARY		
Name	ROSEME, ROSEMOND JEAN		
Address	6229 WINEGARD ROAD		
City-State-Zip:	ORLANDO FL 32809		

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: MOISE DUBUISSON**SECRETARY****04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date