

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90050 001 ****66.25

DOCUMENT # F99000005477

1. Entity Name

HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST, INC

Principal Place of Business

Mailing Address

930 CUSTER AVENUE SE
 ATLANTA GA 30316

930 CUSTER AVENUE SE
 ATLANTA GA 30316-3108

00009150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1652824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PASTEUR, ABNER
 (911-B 66TH) PO-Box-248
 ONECO FL 34264

8. 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

[Handwritten Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD JOSEPH, ROLAND R**
 STREET ADDRESS **930 CUSTER AVENUE SE**
 CITY-ST-ZIP **ATLANTA GA 30316**

Change Addition

TITLE Delete
 NAME **DS ST FLEUR, FRANTZ**
 STREET ADDRESS **930 CUSTER AVENUE SE**
 CITY-ST-ZIP **ATLANTA GA 30316**

Change Addition

TITLE Delete
 NAME **DT BOULOUTE, JONAS**
 STREET ADDRESS **8489 MAGNOLIA DRIVE**
 CITY-ST-ZIP **JONESBORO GA 30236**

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

Daytime Phone #

770-474-8203
 01-08-00