# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 19 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008073

1. Entity Name

GALILEE HAITIAN BAPTIST CHURCH, INC

500024376195
11/03/03--01036--009 **61.25

**DO NOT WRITE IN THIS SPACE**

REINSTATEMENT 03

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1600 SW 5 Place | 1600 SW 5 Place |
| Suite, Apt. #, etc. — | Suite, Apt. #, etc. — |
| City & State: Fort Lauderdale, FL | City & State: Fort Lauderdale FL |
| Zip: 33312 Country: USA | Zip: 33312 Country: USA |

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: MARC A. OBAS

Street Address (P.O. Box Number is Not Acceptable): 1600 SW 5 Place

City: Ft. Lauderdale FL Zip Code: 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS $61.25**
**Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | D |
| NAME | OBAS, MARC A. |
| STREET ADDRESS | 2421 SW 5 Place |
| CITY-ST-ZIP | Ft Lauderdale, FL 33312 |
| TITLE | D |
| NAME | THABUTEAU, REGINALD |
| STREET ADDRESS | 3602 W. Davie Blvd |
| CITY-ST-ZIP | Ft Lauderdale, FL 33312 |
| TITLE | D |
| NAME | Jn. Emmanuella |
| STREET ADDRESS | 2617 SW 7 Street |
| CITY-ST-ZIP | Ft. Lauderdale, FL 33312 |
| TITLE | |
| NAME | |
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|---|---|
| TITLE | |
| NAME | 500024376195 |
| STREET ADDRESS | 11/19/03--01033--008 **175.00 |
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #