AMENDED

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

FILED

02 MAY 31 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05261

1. Entity Name
HAITIAN PENTECOSTAL E CHURCH OF GOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4321 N.E. 1st Terrace	4321 N.E. 1st Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Beach FL	City & State: Pompano Beach FL
Zip: 33064 Country: U.S.A.	Zip: 33064 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3694734 ☐ 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: Henry Sejour

Street Address (P.O. Box Number is Not Acceptable): 4321 N.E. 1st Terrace

City: Pompano Beach FL Zip Code: 33064

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: HENRY SEJOUR April 17, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT (T)	TITLE:
NAME: HENRY SEJOUR	NAME:
STREET ADDRESS: 1001 N.E. 23 Place	STREET ADDRESS:
CITY-ST-ZIP: Pompano Beach, FL 33064	CITY-ST-ZIP:
TITLE: TREASURER (T)	TITLE:
NAME: WAGNER PAUL	NAME:
STREET ADDRESS: 820 N.E. 43 St	STREET ADDRESS:
CITY-ST-ZIP: POMPANO BEACH, FL 33064	CITY-ST-ZIP:
TITLE: SECRETARY (T)	TITLE:
NAME: HOMAN JEAN JACQUES	NAME:
STREET ADDRESS: 631 N.E. 45 Court	STREET ADDRESS:
CITY-ST-ZIP: POMPANO BEACH, FL 33064	CITY-ST-ZIP:
TITLE: DEACON (T)	TITLE:
NAME: JOSEPH W. CADET	NAME:
STREET ADDRESS: 640 N.E. 51st Court	STREET ADDRESS:
CITY-ST-ZIP: POMPANO BEACH, FL 33064	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:
TITLE:	TITLE:
NAME:	NAME:
STREET ADDRESS:	STREET ADDRESS:
CITY-ST-ZIP:	CITY-ST-ZIP:

800005763848--
-06/12/02--01077--008
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

CR2E097B (12/01)

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: HENRY SEJOUR April 17, 2002 954-942-7303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #