

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

0010513

DOCUMENT # **N93000002984**

1. Entity Name

**SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH, INC.**

08-29-2001 90015 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**1020 S. DIXIE HWY  
 LAKE WORTH FL 33460  
 US**

**1615 LAKE AVENUE  
 LAKE WORTH FL 33460**

**CA**



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

**65-0531379**

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

**LOUISSAINT, ELIE REV.  
 1615 LAKE AVENUE  
 LAKE WORTH FL 33460**

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

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  
 After September 12, 2001, min. will be \$236.25**

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 **D**  Delete  
 NAME **LOUISSAINT, ELIE**  
 STREET ADDRESS **2935 DONALD ROAD**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WILBERT, BENOIT**  
 STREET ADDRESS **524 N. F STREET S.**  
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D**  Change  Addition  
 NAME **Jean Amilcar Parent**  
 STREET ADDRESS **3480 Summer Street Apt 2**  
 CITY-ST-ZIP **Lake Worth, FL 33461**

TITLE **O**  Delete  
 NAME **LEOPOLD-PIERRE, GERMAIN**  
 STREET ADDRESS **1134 17TH AVE.,N. APT. 1**  
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **LOUISSAINT, ROSE MARY**  
 STREET ADDRESS **2935 DONALD ROAD**  
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FLOREXIL, TONY**  
 STREET ADDRESS **1328 N. F. STREET**  
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D**  Change  Addition  
 NAME **Robens Germain**  
 STREET ADDRESS **3484 Summer Street Apt. 9**  
 CITY-ST-ZIP **Lake worth, FL 33461**

TITLE **D**  Delete  
 NAME **JEAN-PIERRE, CIAVEUS**  
 STREET ADDRESS **1516 NE 1ST CT.**  
 CITY-ST-ZIP **BOYNTON BCH. FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **Elie Louissaint** 7/22/01 561-586-5691

CFR2E037 (5/01)