

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90094 037 ****61.25

DOCUMENT # N94000004894

1. Entity Name

HAITIAN EVANGELICAL BAPTIST CHURCH OF JOHN 3:16, INC

Principal Place of Business

Mailing Address

**4TH ST NE STOR-ALL #350 F
 THIRD BUILDING
 DELRAY BEACH FL 33444**

**200 S.W. 14TH AVE.
 BOYNTON BEACH FL 33435**

2. Principal Place of Business

3. Mailing Address

560 N.W. 10th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MATIN WHER KING

City & State

City & State

Boynton Bch FL

33435

Country

Zip

Country

4. FEI Number

65-0575865

Applied For

Not Applicable

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

**LACOMBE, RISALDO
 200 SW 14TH AVENUE
 BOYNTON BEACH FL 33435**

Name

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

City

FL

Zip Code

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

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 **D**
 STREET ADDRESS **FAITUS, AMOS**
 CITY-ST-ZIP **256 NE 14TH AVENUE
 DELRAY BEACH FL 33344**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **ETIENNE, CAROLE**
 CITY-ST-ZIP **126 BUNTON WOOD CIRCLE
 BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TT**
 STREET ADDRESS **LACOMBE, MARIE M**
 CITY-ST-ZIP **200 S.W. 14TH AVE
 BOYNTON BEACH FL 33435**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **NOEL, ALABRY**
 CITY-ST-ZIP **521 FERN LANE
 DELRAY BEACH FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)