## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # **N9600005389**

MOUNT HOREB HAITIAN EVANGELIC CHURCH, INC. OF TH

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



FILED

Secretary of State

03-03-2003 90945 019 \*\*\*\*75.00

Mar 03, 2003 8:00 am

Principal Place of Business Mailing Address 2861 NW 19 STREET P.O. BOX 23900 CHURCH BUILDING FT. LAUDERDALE FL 33307 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEi Number 65-0704712 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVKH, IVAlieR DUVRA, IVALIER Street Address (P.O. Box Number is Not Acceptable) 2024 NW 12 AVE FT. LAUDERDALE FL 33311 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ' Addition . DUVRA, IVALIER NAME NAME 2024 NW 12TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33311 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FORESTAL, CHANAIRE NAME NAME 727 NORTH ANDREWS AVENUE STREET ADDRESS STREET ADDRESS City-St-ZIP FORT LAUDERDALE FL 33311 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition EXILIA. DESIR NAME NAME 2625 N.W. 9 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP WILTON MANOR FL 33311 CITY-ST-ZIP ☐ <u>Delete</u> TITLE ☐ Addition VENITASE, MICHAEL NAME NAME STREET ADDRESS 406 NW 16 STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP TIT: F ☐ Delete TITLE Change ☐ Addition **DUVRA, MARIE-EDECE** NAME NAME STREET ADDRESS 2024 N.W. 12 AVE. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change DUMAY, JEAN-EVENS NAME NAME 2230 N.W. 60 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statistes. 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