

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005978

1. Entity Name

LA PREMIERE EGLISE EVANGELIQUE BAPTISTE HAITIENN
E DE KEY WEST, INC.

Principal Place of Business

Mailing Address

1328 WHITE STREET
KEY WEST FL 33040

1328 WHITE STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0716958

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

Name

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

City

FL

Zip Code

JOSEPH, ALEUS
5440 5TH AVENUE
KEY WEST FL 33040

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 registering)

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 DVP ☒ Delete
NAME ASHE, ELISON
STREET ADDRESS 915A KENNEDY DR.
CITY-ST-ZIP KEY WEST FL 33040

TITLE S ☐ Delete
NAME JOSEPH, CHRISLER
STREET ADDRESS 5530 3RD AVENUE APT 8
CITY-ST-ZIP KEY WEST FL 33040

TITLE TD ☐ Delete
NAME JOSEPH, LEONEL
STREET ADDRESS 5125 5TH AVENUE APT 2
CITY-ST-ZIP KEY WEST FL 33040

TITLE PDTC ☐ Delete
NAME JOSEPH, ALEUS
STREET ADDRESS 5440 5TH AVE
CITY-ST-ZIP KEY WEST FL 33040

TITLE DSS ☒ Delete
NAME ST AMAND, ABELARD
STREET ADDRESS 5600 MAC DONALD AVE APT 2
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete
NAME LOUIS, JONAS
STREET ADDRESS 6500 MALLONY AVE LOT 9
CITY-ST-ZIP KEY WEST FL 33040

TITLE CD ☒ Change ☐ Addition
NAME Rigaud Saint Phat
STREET ADDRESS 5440 5th Avenue
CITY-ST-ZIP Key west, FL 33040

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

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

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

TITLE ☒ Change ☐ Addition
NAME Wislaine Dagene
STREET ADDRESS 5700 Laurel Avenue #29
CITY-ST-ZIP Key west, FL 33040

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

2-20-02

Daytime Phone #

296-8465

CR2E037 (9/01)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91748 040 ****61.25



DO NOT WRITE IN THIS SPACE