## FILED 2003 NOT-FOR-PROFIT CORPORATION Feb 13, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT # N99000002674 02-13-2003 90212 025 \*\*\*150.00 1. Entity Name FIRST HAITIAN BAPTIST CHURCH OF NORTH LAUDERDALE . INC. Mailing Address Principal Place of Business 1350 SOUTH STATE ROAD 7 1350 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 3. Mailing Address 2. Principal Place of Business State Local 7 1350 Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number 65-0433035 City & State City & State Not Applicable enda \$8.75 Additional Country 5. Certificate of Status Desired Zip Fee Required record 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PHILIPPE, WILLEM Street Address (P.O. Box Number is Not Acceptable) 1350 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change TITLE PD ☐ Delete TITLE PHILIPPI, WILLEM PASTOR NAME NAME STREET ADDRESS 1350 SOUTH STATE ROAD 7 STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME LOSIER, BERNARD NAME STREET ADORESS 7902-SW-9 ST -----STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME ANDRE, MARY JOSE NAME STREET ADDRESS 1350 SR 7 STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE FL 33068 CITY-ST-ZIP ☐ Addition ☐ Change 1 TITLE

NORTH LAUDERDALE FL 33068 CITY - ST - 7IP 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 the empowered.

NAME

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE** 

SD

LOUIS, TONY

PHILLIPPI, JESULIA

COLIN, ORELIA

1350 SR 7

7523 KIMBERLY BLVD

NORTH LAUDERDALE FL 33068

NORTH LAUDERDALE FL 33068

1350 SR 7

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIE

CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

Addition