2003 NOT-FOR-PROFIT CORPORATION

Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N01000005014 05-23-2003 90148 024 ****61.25 HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC. 4444444 Mailing Address Principal Place of Business 201 STIRLING AVENUE 201 STIRLING AVENUE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 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 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FONTHUS, APOLOS REV. Street Address (P.O. Box Number is Not Acceptable) 201 STIPLING AVE **DELRAY BEACH FL 33444** 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 Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State 1 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ; ☐ Delete TITLE ☐ Change ☐ Addition FONTHUS, APOLOS REV. NAMÉ. NAMÉ STREET ADDRESS 201 STIRLING AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33444** ☐ Deleta TITLE TITLE ☐ Addition ☐ Change BORGELIN, AGUENES REV. NAME ... NAME STREET ADDRESS 5800 STRAWBERRY LAKES CIR. STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JEAN, MARIE A NAME NAME STREET ADDRESS 201 STIRLING AVENUE STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FONTHUS, KERLINE NAME NAME STREET ADDRESS 317 S.W. 1ST AVE. STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this tilling 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 eath; 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

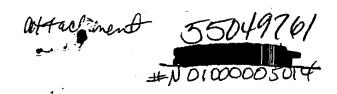
TITLE

NAME

FILED Jun 24, 2003 8:00 am

☐ Addition

□ Change



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