

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90083 045 \*\*\*\*61.25

DOCUMENT # 751911

1. Entity Name

HAITIAN GOSPEL EVANGELICAL CHURCH, INC.

Principal Place of Business

Mailing Address

131 NE 9 ST  
POMPANO BEACH FL 33061  
US

610 SW 30 AVE  
FT. LAUDERDALE FL 33312-2123  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-4482519

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JEAN, MARCEL REV  
610 SW 30 AVE  
FT. LAUDERDALE FL 33312

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 PD  
NAME JEAN, REV. MARCEL  
STREET ADDRESS 610 S. W. 30 AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33312  
Pastor ☐ Delete

TITLE VD  
NAME FRANCOIS, SILME  
STREET ADDRESS 1321 NE 41ST DR  
CITY-ST-ZIP POMPANO BEACH FL 33064  
V ☐ Delete

TITLE SD  
NAME JEAN, MONCEAN  
STREET ADDRESS 151 NE 17TH CT.  
CITY-ST-ZIP POMPANO BCH FL 33060  
S ☐ Delete

TITLE S  
NAME JEAN, MARCEL PASTOR  
STREET ADDRESS 610 SW 30TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL 33312  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME Marcel Jean  
STREET ADDRESS 610 SW 30 AVE  
CITY-ST-ZIP FT LA 33312  
☐ Change ☐ Addition

TITLE  
NAME Francois's Son  
STREET ADDRESS 1321 NE 41ST DR  
CITY-ST-ZIP POMPANO FL 33064  
☐ Change ☐ Addition

TITLE  
NAME Moncean Jean  
STREET ADDRESS 151 N.E. 17th CT  
CITY-ST-ZIP POMP B FLA 33060  
☐ Change ☐ Addition

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(b), 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 #

Marcel Jean MARCEL JEAN

CR2E037 19/99