FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # 751911 **Secretary of State** 1. Entity Name 03-06-2001 90354 043 ****61.25 HAITIAN GOSPEL EVANGELICAL CHURCH, INC. Principal Place of Business Mailing Address 131 NE 9 ST 131 NF 9 ST POMPANO BEACH FL 33061 POMPANO BEACH FL 33061 Suite. Ant. #, etc DO NOT WRITE IN THIS SPACE City & State & State 4. FEI Number Applied For 05-4482519 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) JEAN, MARCEL REV 610 SW 30 AVE FT. LAUDERDALE FL 33312 City 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: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be **FEE IS \$61.25** Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE TITLE Delete NAME JEAN, MARCEL NAME STREET ADDRESS STREET ADDRESS 610 S. W. 30 AVE. CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP TITLE VD. ☐ Detete Change ☐ Addition NAME FRANCOIS, SILME NAME STREET ADDRESS 1321 NE 41ST DR STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33064 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition JEAN, MONCEAN NAME NAME STREET ADDRESS 151 NE 17TH CT. . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33060 pano B RIA 3306 TITLE Delete TITLE Change ☐ Addition JEAN, MARCEL PASTOR NAME NAME STREET ADDRESS STREET ADDRESS 610 SW 30TH AVE CITY-ST-ZIF CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: