

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000004667**

1. Entity Name

FIRST HAITIAN ALLIANCE CHURCH, INC.**FILED****Apr 29, 2002 8:00 am**
Secretary of State

04-29-2002 90075 011 ****61.25

Principal Place of Business

Mailing Address

**115 12TH ST N
NAPLES FL 34102****115 12TH ST N
NAPLES FL 34102**

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

59-3761285

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****HYPPOLITE HOMERE,
4843 DEVON CIRCLE
NAPLES FL 34112**

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 \$61.259. 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 ☐ Delete
NAME **D MALVOISIN, MARDOCHEE**
STREET ADDRESS **1814 42ND TERR SW**
CITY-ST-ZIP **NAPLES FL 34116**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D ~~DELA~~ LEMANE PETIT-Bien**
STREET ADDRESS **4609 DOMINION DR**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D PIERRE, FRITO**
STREET ADDRESS **4290 PEARL HARBOR DR**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D HYPPOLITE, HOMERE**
STREET ADDRESS **4843 DEVON CIRCLE**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D DELVA, MME. FATIL**
STREET ADDRESS **3404 SEMINOLE AVE**
CITY-ST-ZIP **NAPLES FL 34112**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D GREGORGRE, LUCKNER**
STREET ADDRESS **4397 18TH PL SW**
CITY-ST-ZIP **NAPLES FL 34116**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)