

9/11/2002-90110-001-\$175.00-\$175.00
* 9/11/2002-90110-002-\$8.75-\$8.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005094

1. Entity Name

HAITIAN CHURCH OF GOD AND DELIVERANCE, INC.

Principal Place of Business

Mailing Address

7297 NW 2 AVE
MIAMI FL 33150

7297 NW 2 AVE
MIAMI FL 33150

FILED

02 OCT 18 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99098



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7297 NW 2 AVE

Suite, Apt. #, etc.

3. Mailing Address

8273 NE 1 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33150

Country

Zip

33138

Country

4. FEI Number

65-0964982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEVERE, REV. JULES
8111 NE 1ST AVE
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name SEVERE, REV. JULES

Street Address (P.O. Box Number is Not Acceptable)

8273 NE 1 AVENUE

City

MIAMI

FL

Zip Code

33138

8. The above named entity submits this statement for the purpose of changing its registered office, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jules C. Severe PASTOR

Signature, typed printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-02

After September 13, 2002,
min. will be \$236.25.

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

TITLE	FD	☐ Delete
NAME	SEVERE, REV. JULES	
STREET ADDRESS	8273 NE 1 AVE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	☐ Delete
NAME	TURIN, JONAS	
STREET ADDRESS	281 NE 78TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	ASD	☐ Delete
NAME	DAREUS, GEDEON	
STREET ADDRESS	19185 NW 11 AVE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	S	☒ Delete
NAME	MORICETTE, MORICILE	
STREET ADDRESS	400 NW 89 TERR	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	T	☐ Delete
NAME	FREDERIC, VIRGINIE	
STREET ADDRESS	8273 NE LANE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	☐ Delete
NAME	LOURDES DAREUS, MARIE	
STREET ADDRESS	1918 S NW 11 AVE	
CITY-ST-ZIP	MIAMI FL 33189	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Change ☒ Addition
NAME	ARISTIDE, LORIENT	
STREET ADDRESS	7211 N.W. 2nd Ave	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	☒ Change ☐ Addition
NAME	FRANCOIS FRANTZ, STERLIN	
STREET ADDRESS	577 NE 62 ST	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jules C. Severe 10/14/02

Date

Daytime Phone #

CR2E037 (4/02)