## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0000006750



## FILED Mar 21, 2003 8:00 am Secretary of State

HAITI GOSPEL MINISTRIES, INC.					0.	3-21-2003 90125	5 020 ****61	1.25
	ice of Business 3 LANE. APT. 203 34698	Mailing Address 200 GLENNES LANE, APT DUNEDIN FL 34698	. 203					
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 59-3678838 Applied For				
Zip	Country	Zip	Countr	у	-		\$8.75 Ad	lot Applicable
<del></del>	6. Name and Address of Current I	Registered Agent	<u> </u>	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Sta	ess of New Registere	Fee Require	
		registored rigetti	1	Name	7. Name and Addit	ess of New Registeri	ed Agent	
	R, JAMES A NNES LANE, APT. 203	المستوادين	- Stri		P.O. Box Number is No	ot Acceptable) ~		
	N FL 34698				. ,	•		***
				City	****	<u> </u>	Zip Cod	de
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered o	office or register	red agent, or both, in th	· <del>-</del>	<b>—</b> 1	and accept
a to obliga	7-y							ĺ
CICHATURE								
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	TE: Registered Ag	ent signature required	when reinstation)	DAT		<del></del> -
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registered Ag	ent signature required	when reinstating)	DAT	E	
	Signature, typed or printed name of registered agent at FILE NOW: FEE IS \$61.25	9. Election Ca		ncing _	\$5.00 May Be Added to Fees		eck Payable	
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12. I hereby certify that the information supplied with this filling 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** 

127-442-8945