FILED
Jul 10, 2001 8:00 am
Secretary of State
05-21-2001 90348 008 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007374

1. Entity Name
HAITIAN AMERICAN CHRISTIAN LEADERS ASSN, INC

Principal Place of Business	Mailing Address
P.O. BOX 814387	PO BOX 814387
HOLLYWOOD, FL 33081	HOLLYWOOD, FL 33081

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1075307 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GUY D. SPERDUTO
8982 TAFT ST.
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
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 _____ DATE

FILE NOW: $ FEE $ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	JOCELYNE LEON-JONES ☐ Delete P.O. BOX 814387 PD HOLLYWOOD, FL 33081	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BISHOP JOEL JEUNE ☐ Delete P.O. BOX 814387 VPD HOLLYWOOD, FL 33081	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAUL CLERIE ☐ Delete P.O. BOX 814387 TD HOLLYWOOD, FL 33081	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SERGE THEODORE ☐ Delete P.O. BOX 814387 SD HOLLYWOOD, FL 33081	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

ORDER# (11/00)

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: Jocelyne Léon-Jones JOCELYNE LEON-JONES 5/4/01 (305)621-8044
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #