

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-19-2002 90206 005 ****61.25

DOCUMENT # N01000002881

1. Entity Name

PROPHECY HAITIAN BAPTIST CHURCH, INC.

Principal Place of Business

1351 S. DIXIE HWY. EAST. SUITE 7E
 POMPAHO BCH FL 33080

Mailing Address

P. O. BOX 4224
 FORT LAUDERDALE FL 33338

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-116158

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUMAINE, RIVEL
1227 NW 5TH AVE., APT. 1
FT. LAUDERDALE FL 33311

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE-NOW: FEE IS \$81.25

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	PD	<input type="checkbox"/> Delete
NAME	DUMAINE, RIVEL	
STREET ADDRESS	1227 NW 5TH AVE., #1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JEANBAPTISTE, EMILIA	
STREET ADDRESS	1112 NW 6TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EXANTUS, KENNA	
STREET ADDRESS	2709 NW 39TH TERR., #104	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLEUR-AIME, MARIE	
STREET ADDRESS	1110 NW 6TH AVE., #1	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rivell Dumaine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rivell Dumaine # 954-714-4908

Date 4/29/02

Daytime Phone 954-714-4908

37194



DO NOT WRITE IN THIS SPACE

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