

2002 UNIFORM BUSINESS REPORT (UBR)

001015

DOCUMENT # N01000005014

1. Entity Name

HAITIAN MISSION EVANGELICAL MELCHISSEDECK, INC.

FILED

02 OCT 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

201 STIRLING AVENUE
DELRAY BEACH FL 33444

Mailing Address

201 STIRLING AVENUE
DELRAY BEACH FL 33444

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTHUS, APOLOS REV.
201 STIRLING AVE
DELRAY BEACH FL 33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME FONTHUS, APOLOS REV.
STREET ADDRESS 201 STIRLING AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BORGELIN, AGUENES REV.
STREET ADDRESS 5800 STRAWBERRY LAKES CIR.
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JEAN, MARIE A
STREET ADDRESS 201 STIRLING AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FONTHUS, KERLINE
STREET ADDRESS 317 S.W. 1ST AVE.
CITY-ST-ZIP DELRAY BEACH FL 33444

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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] RED

10/10/02

CR2E037 (4/02)