

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90132 034 \*\*\*\*61.25

**DOCUMENT # N01000008457**

1. Entity Name  
**EGLISE BETHEL HAITIENNE DE BRANDON INC.**



Principal Place of Business  
**1216 WINDSOR CIR  
BRANDON FL 33510**

Mailing Address  
**1216 WINDSOR CIR  
BRANDON FL 33510**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NICOPHENE, JEAN P  
1216 WINDSOR CIR  
BRANDON FL 33510**

**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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	NICOPHENE, JEAN P	1216 WINDSOR CIR	BRANDON FL 33510	<input type="checkbox"/>
S	NICOPHENE, ESTHER	1216 WINDSOR CIR	BRANDON FL 33510	<input type="checkbox"/>
T	ALPHONSE, MARKENS	1304 KEEL RD	VALRICO FL 33594	<input type="checkbox"/>
D	SEXIL, LOUSSAINT	1017 TIBURON DR	SEFFNER FL 33584	<input type="checkbox"/>
D	RAYMOND, LOUIS R	1726 MOSAIC FOREST DR	SEFFNER FL 33584	<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/P	Jean P. Nicophene	1216 Windsor Cir	Brandon, FL 33510	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Esther Nicophene	1216 Windsor Cir	Brandon, FL 33510	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	Hughes Matthe	3592 Plainview Dr	Brandon, FL 33511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Louissaint Seel	1017 Tiburon Dr.	Seffner, FL 33584	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Louis R. Raymond	1726 Mosaic Forest Dr.	Seffner, FL 33584	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** Jean P. Nicophene 4/1/03 810)977-0494

CR2E037 (10/02)