

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

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90214 035 ****61.25

DOCUMENT # N02000005420

1. Entity Name

CHRISTIAN & MISSIONARY VISION OF HAITI, INC.



Principal Place of Business

**P.O. BOX 7734
DELRAY BCH FL 33482**

Mailing Address

**P.O. BOX 7734
DELRAY BCH FL 33482**

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

13-4062207

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**A1A CORPORATE SERVICES INC.
218 SOUTHERN COUNTRY LN
QUINCY FL 32351**

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 **DP** ☐ Delete

NAME **DU JOUR, SAINVILUSSE P**
STREET ADDRESS **5373 OAKMONT VILLAGE CIR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **OV** ☐ Delete

NAME **FRANCOIS, ARCESIUS J**
STREET ADDRESS **2712 DORSON WAY**
CITY-ST-ZIP **DELRAY BCH FL 33445**

TITLE **DT** ☐ Delete

NAME **DU JOUR, MIMOSE P**
STREET ADDRESS **5373 OAKMONT VILLAGE CIR**
CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **D** ☐ Delete

NAME **DELIARD, CALEB**
STREET ADDRESS **4343 SW 70TH TERR**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE **DS** ☒ Delete

NAME **JOSEPH ADNER**
STREET ADDRESS **P.O. BOX 7**
CITY-ST-ZIP **DELRAY BCH FL 33447**

TITLE **DS** ☐ Delete

NAME **WOODLER Alezy**
STREET ADDRESS **5373 OAKMONT VILLAGE CIR.**
CITY-ST-ZIP **LAKE WORTH FL 33463**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition

NAME **RONET GERMAIN**
STREET ADDRESS **135 MAPPLE AVE**
CITY-ST-ZIP **SPRING WALKY, NY 10977**

TITLE **D** ☐ Change ☒ Addition

NAME **PIERRE E SAINT PREUX**
STREET ADDRESS **505 PIERCE AVE**
CITY-ST-ZIP **Linden, NJ 07036**

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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:

SAINVILUSSE P. DU JOUR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAINVILUSSE P. DU JOUR
Date **1/7/03**

561-963-6260

CR2E037 (10/02)