

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

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

04-09-2003 90140 026 ****61.25

DOCUMENT # N02000009108

1. Entity Name
EGLISE BAPTISTE HAITIENNE LA TRINITE, INC.



Principal Place of Business

6221 NW 14 CT.
SUNRISE FL 33313

Mailing Address

6221 NW 14 CT.
SUNRISE FL 33313

2. Principal Place of Business

3550 W. Davie Blvd.

Suite, Apt. #, etc.

Fort Lauderdale

City & State

Florida

Zip

33312

Country

U.S.A

3. Mailing Address

6221 N.W. 14 Ct

Suite, Apt. #, etc.

City & State

Sunrise, Florida

Zip

33313

Country

U.S.A



CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3665708

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELIZE, DAVID
6221 NW 14 CT.
SUNRISE FL 33313

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: Pastor/Officer Delete
NAME: David Elize
STREET ADDRESS: 6221 N.W.14 Ct
CITY-ST-ZIP: Sunrise, Fl 33313

TITLE: Treasurer Delete
NAME: Laforet Pierre
STREET ADDRESS: 7701 S.W.3rdSt
CITY-ST-ZIP: N.Lauderdale, Fl. 33068

TITLE: Secretary Delete
NAME: Andreze Elize
STREET ADDRESS: 6221 N.W. 14 Ct
CITY-ST-ZIP: Sunrise, Fl, 33313

TITLE: Director Delete
NAME: Medellus Flerigene
STREET ADDRESS: 1516 N.W. 7Ave.#1
CITY-ST-ZIP: Fort Lauderdale, Fl. 33311

TITLE: Director Delete
NAME: Jonas Duperme
STREET ADDRESS: 2640 N.E.8thAve.#65
CITY-ST-ZIP: Wilton Manors, Fl 33334

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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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: *DAVID ELIZE* RECD APR 15 2003 ELIZE 4-5-03 (954)584-5044

CR2E037 (10/02)