

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05261

1. Entity Name

HAITIAN PENTECOSTAL CHURCH OF GOD, INC.

Principal Place of Business

4591 NORTH DIXIE HIGHWAY  
POMPANO BCH FL 33064

Mailing Address

4591 NORTH DIXIE HIGHWAY  
POMPANO BCH FL 33064-4720

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NICOLAS, MICHEL  
4591 NORTH DIXIE HIGHWAY  
POMPANO BCH. FL 33064

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 \$61.25

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	NICOLAS, MICHEL	
STREET ADDRESS	121 NE 23 CT	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SEJOUS, HENRY	
STREET ADDRESS	4340 NW 32 STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CADÉT, JOSEPH W	
STREET ADDRESS	840 NE 51 COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AUGUSTIN, ROSEMONDE	
STREET ADDRESS	310 NE 25 STREET	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DESTIN, MARIE M	
STREET ADDRESS	610 ANDERSON CIRCLE, APT 203	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GEFFRARD, DENORAND	
STREET ADDRESS	2430 NE 3 AVENUE	
CITY-ST-ZIP	POMPANO BCH FL 33064	

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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sejous Henry	
STREET ADDRESS	1001 NE 23rd Place	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sepoudy Pompilus	
STREET ADDRESS	1074 NE 35th Street	
CITY-ST-ZIP	Fort Lauderdale FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petit Frere Jean	
STREET ADDRESS	1123 NE 16th Court, Apt. A	
CITY-ST-ZIP	Fort Lauderdale FL 33305	
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:

*Michel Nicolas*

MICHEL NICOLAS

3/3/00

(954) 942-5529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90038 022 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2451513

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

CR2E037 (9/99)