

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90042 045 \*\*\*\*70.00

**DOCUMENT # N05261**

1. Entity Name

**HAITIAN PENTECOSTAL CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**4591 NORTH DIXIE HIGHWAY  
 POMPANO BCH FL 33064**

**4591 NORTH DIXIE HIGHWAY  
 POMPANO BCH FL 33064**

2. Principal Place of Business

3. Mailing Address

**121 NE 23<sup>CT</sup>**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Pompano Beach FL**

4. FEI Number

**59-2451513**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33060**

**Broward**

5. Certificate of Status Desired

☒ **\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **REV. MICHEL NICOLAS President.**

**1-14-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOLAS, MICHEL 121 NE 23 CT POMPANO BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEJOUS, HENRY 1001 NE 23RD PL POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOMAN, JEAN JACQUES 631 NE 45TH COURT POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTIN, ROSEMONDE 310 NE 25 STREET POMPANO BCH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAGNER, PAUL 820 NE 43RD STREET POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEFFRARD, DENORAND 2430 NE 3 AVENUE POMPANO BCH FL 33064	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Nicolas Michel 121 NE 23 <sup>CT</sup> Pompano Beach Fl 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DINORAND GEFFRARD 2430 NE 3 AVE Apt 3 Pompano Beach Fl 33064	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEPOUDY Pompilus 5408 NE 4 ave Fort Lauderdale Fl 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ODULE Pompilus 5408 NE 4 ave Fort Lauderdale Fl 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Josephine Nicolas 121 NE 23 <sup>CT</sup> Pompano Beach Fl 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: **Rev. Michel Nicolas President.** **1-14-02 954-290 4518**

CR2E037 (9/01)