

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

**FILED**  
**Jul 16, 2003 8:00 am**  
**Secretary of State**

07-16-2003 90047 046 \*\*\*\*70.00

0005756

**DOCUMENT # N05261**

1. Entity Name

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



Principal Place of Business

**121 NE 23RD COURT  
POMPANO BEACH FL 33060**

Mailing Address

**121 NE 23RD COURT  
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address **P.O. Box 10193**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**POMPANO BEACH**

Zip

Country

Zip  
**FL 33060**

Country

**USA**

4. FEI Number **59-2451513**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NICOLAS, MICHEL  
121 NE 23RD COURT  
POMPANO BEACH 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. 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  
After September 10, 2003, min will be \$236.25**

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 **PD** ☐ Delete  
NAME **NICOLAS, MICHEL**  
STREET ADDRESS **121 NE 23RD COURT**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **SD** ☐ Delete  
NAME **FRANCOIS, PHILOMENE**  
STREET ADDRESS **820 NE 43RD STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **TD** ☒ Delete  
NAME **GUY, PHILIPPE**  
STREET ADDRESS **6260 SW 18TH COURT**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition  
NAME **JACOB EGERNE**  
STREET ADDRESS **250 NE 23 COURT**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **TD** ☐ Change ☒ Addition  
NAME **MARISE VALME**  
STREET ADDRESS **2300 NE 1ST AVE**  
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **D** ☐ Change ☒ Addition  
NAME **JOSEPHINE NICOLAS**  
STREET ADDRESS **121 NE 23 COURT**  
CITY-ST-ZIP **POMPANO BEACH, FL 33064**

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

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

TITLE ☐ Change ☐ 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/11/03 - 785-2270**

CR2E037 (4/03)