

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90021 034 ****61.25

DOCUMENT # N29988

1. Entity Name

HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.

Principal Place of Business

3715 EASTVIEW AVE
 WEST PALM BEACH FL 33407
 US

Mailing Address

P.O. BOX 078621
 WEST PALM BEACH FL 33407
 US

2. Principal Place of Business

4090 COCOANUT RD
 Suite, Apt. #, etc.

3. Mailing Address

4090 COCOANUT RD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33461

Country

PALM BEACH

Zip

33461

Country

PALM BCH

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEAN-BAPTISTE, MATHIEU
 3715 EASTVIEW AVE
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: **MATHEU JN-BAPTISTE**
 Street Address (P.O. Box Number is Not Acceptable): **4090 COCOANUT RD**
 City: **LAKE WORTH** FL Zip Code: **33461**

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

01-09-2001

(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	PD	<input type="checkbox"/> Delete
NAME	JEAN-BAPTISTE, MATHIEU	
STREET ADDRESS	3715 EASTVIEW AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FRANCOIS, FRANCK	
STREET ADDRESS	1351 SW 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TDC	<input type="checkbox"/> Delete
NAME	GUERRIER, FRITZ	
STREET ADDRESS	3215 HIBISCUS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ST. HILAIRE, MORALES	
STREET ADDRESS	200 SW AVENUE "B"	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PIERRLAGNEAU, GEORGES	
STREET ADDRESS	280 BERETTA CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME	LEOPOLD MICHEL	
STREET ADDRESS	629 N.W. TREEMONT AVE.	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34983	

TITLE	Computer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leopold Michel	
STREET ADDRESS	629 N.W. TREEMONT AVE	
CITY-ST-ZIP	PT. ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

01-09-2001

Date Daytime Phone #

CR2E037 (10/00)