

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90107 002 ****61.25

DOCUMENT # N29988

1. Entity Name

HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4090 COCOANUT RD
 LAKE WORTH FL 33461
 US

4090 COCOANUT RD
 LAKE WORTH FL 33461
 US

2. Principal Place of Business

4090 Coconut Rd

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Zip

Country

33461 Palm Bch

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

JEAN-BAPTISTE, MATHIEU
 4090 COCOANUT RD
 LAKE WORTH FL 33461

Name

N/A

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

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 HISBISCUS 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	C	<input type="checkbox"/> Delete
NAME	LEOPOLD, MICHAEL	
STREET ADDRESS	629 NW TREMONT AVE.	
CITY-ST-ZIP	PORT SAINT 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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2002

Date

561-969-2279

Daytime Phone #

CR2E037 (9/01)