

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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90322 044 \*\*\*\*61.25

0011410

**DOCUMENT # N29988**

1. Entity Name  
**HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.**



Principal Place of Business

4090 COCOANUT RD  
LAKE WORTH FL 33461  
US

Mailing Address

4090 COCOANUT RD  
LAKE WORTH FL 33461  
US

2. Principal Place of Business

4090 Cocoonut Rd  
Lake Worth  
City & State

3. Mailing Address

4090 Cocoonut Rd  
Lake Worth  
City & State



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE** Applied For  
Not Applicable

Zip Country  
FL 33461 Palm Bch FL 33461 Palm Bch

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **MATHIEU JN Baptiste**  
Street Address (P.O. Box Number is Not Acceptable)  
**4090 Cocoonut 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mathieu Jean Baptiste* DATE: **09-04-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	JEAN-BAPTISTE, MATHIEU	3715 EASTVIEW AVENUE	WEST PALM BEACH FL	<input type="checkbox"/> Delete			
DVP	FRANCOIS, FRANCK	1351 SW 27TH PLACE	BOYNTON BEACH FL	<input type="checkbox"/> Delete			
TDC	GUERRIER, FRITZ	3215 HISBISCUS AVENUE	FT. PIERCE FL	<input type="checkbox"/> Delete			
DC	ST. HILAIRE, MORALES	200 SW AVENUE "B"	BELLE GLADE FL	<input type="checkbox"/> Delete			
T	PIERLAGNEAU, GEORGES	280 BERETTA CT	WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete			
C	LEOPOLD, MICHAEL	629 NW TREMONT AVE	PORT SAINT LUCIE FL 34983	<input type="checkbox"/> Delete			

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: *Mathieu Jean Baptiste* DATE: **09-04-03**

CR2E037 (4/03)