

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90200 005 \*\*\*\*\*70.00

0028170

**DOCUMENT # N32727**

1. Entity Name

**FIRST HAITIAN CHURCH OF THE LIVING GOD, INC.**



Principal Place of Business

**132 NW 54 STREET  
MIAMI FL 33127  
US**

Mailing Address

**13715 NE MIAMI  
MIAMI FL 33161  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0350921**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SAINT FLEUR, BISHOP WALTER  
13715 NE MIAMI CT.  
MIAMI FL 33161**

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

*Bishop Walter Saint Fleur*

*5, 1, 2003*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **SAINT FLEUR, REV. WALTER**  
STREET ADDRESS **13715 NE MIAMI CT.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DV** ☐ Delete  
NAME **SAINT FLEUR, CLAIRELIA**  
STREET ADDRESS **13715 NE MIAMI CT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ Delete  
NAME **PIERRE, SYLVIE G**  
STREET ADDRESS **380 NW 122 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE **DT** ☒ Delete  
NAME **GUNTER, GUILLAMME**  
STREET ADDRESS **855 NE 179 TERRACE**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **DT** ☐ Delete  
NAME **SALNAVE, PIERRE**  
STREET ADDRESS **245 NE 96 STREET**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME *Lila B. pierre*  
STREET ADDRESS *245 NE 96 Street*  
CITY-ST-ZIP *MIAMI SHORES FL 33138*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

*Bishop Walter Saint Fleur*

*5, 1, 03*

*35685-0796*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)