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

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED **DOCUMENT # N33233** 03 MAY 29 PH 12: 35 1. Entity Name FIRST FORT LAUDERDALE HAITIAN MISSIONARY BAPTIST CHURCH, INC. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 1108 NORTHWEST 1ST AVENUE 770 NORTHWEST 37TH STREET FT. LAUDERDALE FL 33311 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0213968 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAINT JEAN, DIEUSEUL Street Address (P.O. Box Number is Not Acceptable) 770 NORTHWEST 37TH STREET OAKLAND PARK FL 33309 Zio Code City 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 DATE (NOTE: Registered Agent signature required when 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 П Trust Fund Contribution Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change TITLE SAINT JEAN. DIEUSEUL NAME NAME 400020047744 STREET ADDRESS 770 NORTHWEST 37TH STREET STREET ADDRESS 05/28/03--01077--003 **61.25 CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL 33309 D ☐ Addition Delete Change : TITLE TITLE SAINT JEAN, GINETTE NAME NAME 400020047744 05/28/03--01077--004 **8. STREET ADDRESS 770 NORTHWEST 37TH STREET STREET ADDRESS **81.75 CITY-ST-ZIP **OAKLAND PARK FL 33309** CITY-ST-71P Change ____ Addition TITLE D. Delete SOUFFRANCE, SILLET NAME NAME STREET ADDRESS 610 NE 15TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition · Delete DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

gr 5/30