

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

03-11-2002 90088 014 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N39136
 1. Entity Name
HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST THE LAST TIME, INC. ✓

Principal Place of Business 8380 NE 2ND AVE MIAMI FL 33138 US	Mailing Address 12620 NE 4TH AVE. N. MIAMI FL 33161
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2. Principal Place of Business 15201 NW 7th Ave	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI B. FL	City & State	4. FEI Number 65-0229464	Applied For <input type="checkbox"/> Not Applicable
Zip 33169	Country US	Zip	Country

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

6. Name and Address of Current Registered Agent
DAUPHINE, SHIRLEY
12620 NE 4TH AVE
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

After September 13, 2002, min. will be \$236.25.

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BONHOMME, JOSEPH D.	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUPHINE, SHIRLEY	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BONHOMME, YVENIE	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLEVUE, AGNES	
STREET ADDRESS	1260 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIT-CAR, SILAS	
STREET ADDRESS	673 NE 86TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 OF JOSEPH D. BONHOMME 8-15-02 305-895-4494**

CR2E037 (4/02)