

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 017 ****61.25

DOCUMENT # N94000001608

1. Entity Name

PREMIERE EGLISE BAPTISTE HAITIENNE DE BOCA RATON

Principal Place of Business

Mailing Address

7451 LADSON TERRACE
 LAKE WORTH FL 33467

7451 LADSON TERRACE
 LAKE WORTH FL 33467-7723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBY, ALBERTO F
706 S.W. 23RD AVE.
BOYNTON BEACH FL 33435

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.

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	JOSEPH, REV. JEAN C	
STREET ADDRESS	7451 LADSON TERRACE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LESPERANCE, PAURICE S	
STREET ADDRESS	1322 COUNTRY LAKE CIR	
CITY-ST-ZIP	DELRAYN BCH FL 33426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUERRIER, JEAN D	
STREET ADDRESS	1154 SW 23RD AVE	
CITY-ST-ZIP	BOYNTON BCH FL 33426	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAM, HUMBERT	
STREET ADDRESS	720 NE 30TH CT	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENOIT, ERICK REV	
STREET ADDRESS	4967 NW 6TH CT	
CITY-ST-ZIP	DELRAY BCH FL 33445	
TITLE		<input type="checkbox"/> Delete
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: *JEAN C JOSEPH REV. JEAN CLAUDE JOSEPH* 05/02/00 (561) 642-4227
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)