

# 2009 UNIFORM BUSINESS REPORT (UBR)

0013474

DOCUMENT # N94000001681

1. Entity Name

HAITIAN CHURCH OF CHRIST, INC.

FILED

03 MAY 16 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

650 ALABAMA ST  
APOPKA FL 32703  
US

800 MIMISA DR  
ALTAMONTE SPRINGS FL 32714-7010  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNOW, JOHN R  
407 WEKIVA SPRINGS RD 229  
LONGWOOD FL 32779

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: DP ☐ Delete  
NAME: SEJOUR, JOSEPH R  
STREET ADDRESS: 800 MIMOSA DR  
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714

TITLE: ☐ Change ☐ Addition  
NAME: 100020322241  
STREET ADDRESS: 06/03/03--01007--005 \*\*70.00  
CITY-ST-ZIP:

TITLE: ST ☒ Delete  
NAME: JADIS, MAGUEL  
STREET ADDRESS: 2705 HARTMAN DR  
CITY-ST-ZIP: ORLANDO FL 32837

TITLE: ☐ Change ☐ Addition  
NAME: ST polynice LaFRATIEL  
STREET ADDRESS: Vista Hill Ct. Orlando, FL 32810  
CITY-ST-ZIP:

TITLE: DS ☐ Delete  
NAME: HERMANN, ANDRE  
STREET ADDRESS: 1890 LAKE CIR  
CITY-ST-ZIP: ORLANDO FL

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-12-03

407-788-7505

CR2E037 (9/99)