

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90051 041 \*\*\*\*\*61.25

**DOCUMENT # N94000003941**

1. Entity Name

**HAITIAN BETHESDA BAPTIST CHURCH, INC.**

|                                                                                  |                                                     |
|----------------------------------------------------------------------------------|-----------------------------------------------------|
| Principal Place of Business<br>6120 GOLDEN GATE PARKWAY<br>NAPLES FL 33999<br>US | Mailing Address<br>P.O. BOX 8101<br>NAPLES FL 33941 |
|----------------------------------------------------------------------------------|-----------------------------------------------------|



DO NOT WRITE IN THIS SPACE

|                                                                                                                                    |                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>293 Airport Road<br>Suite, Apt. #, etc.<br>Naples FL<br>City & State<br>34104 USA<br>Zip Country | 3. Mailing Address<br>P.O. BOX 8101<br>Suite, Apt. #, etc.<br>Naples FL<br>City & State<br>34101<br>Zip Country |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

|                                                                                          |                                                        |
|------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0518849                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                        |

|                                                                                                                     |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>FORTUNE, ASSONDIEU<br>4623 BAYSHORE DR APT J4<br>NAPLES FL 34112 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DORNEVIL, MARC M<br>1319 GRANADA BLVD<br>NAPLES FL 34103 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P DORNEVIL Marc M.<br>1319 Granada Blvd<br>Naples FL 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DORNEVIL, ETILIA<br>1319 GRANDA BLVD<br>NAPLES FL 34103 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D DORNEVIL Etilia<br>1319 Granada Blvd<br>Naples FL 34103 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FORTUNE, ASSONDIEU<br>4073 COCONUT CIR<br>NAPLES FL 34102 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D Fortune ASSONDIEU<br>4073 Coconut Cir<br>Naples FL 34102 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DORNEVIL, MARC M<br>1319 GRANADA BLVD<br>NAPLES FL 34103 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DORNEVIL, ETILIA<br>6319 GRANADA BLVD<br>NAPLES FL 34103 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FORTUNE, ASSONDIEU<br>4629 BAYSHORE DR, APT J-4<br>NAPLES FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                            |

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: Rev. Marc M. Dornevil Feb 22-01 941.261.8725  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)