

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90104 044 \*\*\*\*61.25  
 07-19-2000 90011 011 \*\*\*\*61.25

**DOCUMENT # N94000004894**

1. Entity Name  
**HAI TIAN EVANGELICAL BAPTIST CHURCH OF JOHN 3:16.**

Principal Place of Business      Mailing Address  
**4TH ST NE STOR-ALL #350 F      200 S.W. 14TH AVE.**  
**THIRD BUILDING      BOYNTON BEACH FL 33435**  
**DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **65-0575865**      Applied For  
 Not Applicable

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

**LACOMBE, RISALDO**      Name **NIA**  
**200 SW 14TH AVENUE**      Street Address (P.O. Box Number is Not Acceptable)  
**BOYNTON BEACH FL 33435**      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 *Risaldo Lacombe*      DATE 8/7/2000  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAITUS, AMOS</b>	NAME	
STREET ADDRESS	<b>256 NE 14TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33344</b>	CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ETIENNE, CAROLE</b>	NAME	
STREET ADDRESS	<b>128 BUNTON WOOD CIRCLE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	CITY-ST-ZIP	
TITLE	<b>TT</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LACOMBE, MARIE M</b>	NAME	
STREET ADDRESS	<b>200 S.W. 14TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33435</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOEL, ALABRY</b>	NAME	
STREET ADDRESS	<b>521 FERN LANE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Risaldo Lacombe*      DATE 8/7/2000      DAYTIME PHONE # (561) 730-1110  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2037 (5/00)