

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004979

1. Entity Name

HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90178 039 ****61.25

Principal Place of Business 1205 ORANGE AVE FT PIERCE FL 34954 US	Mailing Address P.O. BOX 124 FT. PIERCE FL 34954-0124 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0578408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TATTEGRAIN, RAYMOND
3200 S. 7TH STREET (LOT 26)
FT. PIERCE FL 34982

7. Name and Address of New Registered Agent

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 _____ (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	
TITLE D <input type="checkbox"/> Delete	TATTEGRAIN, RAYMOND 3200 S. 7TH STREET, LOT 26 FT. PIERCE FL 34982
TITLE D <input type="checkbox"/> Delete	BOCICOT, ANTIONE 1012 ORANGE AVE. FT. PIERCE FL 34954
TITLE D <input type="checkbox"/> Delete	DESIR, VENELINE N 2407 N. 24 ST. FT. PIERCE FL 34953
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	
TITLE <input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 REQUIRED** *Rev Raymond Tattegrain - 4 21-00* **561-460-8615**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)