

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90068 016 ****61.25

0013166

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1. Entity Name

HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.

Principal Place of Business

6500 WINEGARD RD
 #225
 ORLANDO FL 32809
 US

Mailing Address

7421 BROCKBANK DR
 ORLANDO FL 32809
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3294816

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

SAINTIL, RAYMOND
7421 BROCKBANK DR
ORLANDO FL 32809

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 ☐ Delete
 NAME **P SAINTIL, RAYMOND**
 STREET ADDRESS **7421 BROCKBANK DR**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☐ Delete
 NAME **VP BERNADETTE, SAINTIL**
 STREET ADDRESS **7421 BROCKBANK DR**
 CITY-ST-ZIP **ORLANDO FL 32809**

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

TITLE ☒ Delete
 NAME **S LOUIS, YVONNE**
 STREET ADDRESS **855 SILVER COURT**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☒ Addition
 NAME **S BERNELE CELIN**
 STREET ADDRESS **6123 ROXBURG AVE - orlando,**
 CITY-ST-ZIP **FL 32839**

TITLE ☒ Delete
 NAME **D NACILIAN, LOUIS**
 STREET ADDRESS **855 SILVER COURT**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE ☐ Change ☒ Addition
 NAME **D RITA ELIDOR**
 STREET ADDRESS **311 South DIVISION AVE # C**
 CITY-ST-ZIP **orlando, FL 32805**

TITLE ☐ Delete
 NAME **D ROMEUS, DIEUONNE L**
 STREET ADDRESS **7254 JONQUIL DR.**
 CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE ☒ Delete
 NAME **D SAINTVAL, PIERRE**
 STREET ADDRESS **3100 ORANGE CENTER BLVD**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☒ Addition
 NAME **D ANDRESILA clergier**
 STREET ADDRESS **315 south Division AVE # B**
 CITY-ST-ZIP **orlando, FL 32805**

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:

RAYMOND SAINTIL

3/18/02 407-888296

CR2E037 (9/01)