

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90045 048 ****61.25

DOCUMENT # N95000003599

1. Entity Name

EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC.

Principal Place of Business

**225 NW AVENUE G
 BELLE GLADE FL 33430**

Mailing Address

**1043 ASPRI WAY
 RIVIERA BEACH FL 33418**

00012952



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

65-0501899

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

**BARTLEY, DANIEL
 1043 ASPRI WAY
 RIVIERA BEACH FL 33418**

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 BARTLEY, DANIEL REV.**
 STREET ADDRESS **1043 ASPRI WAY**
 CITY-ST-ZIP **RIVIERA BEACH FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T BARTHELEMY, MICHAUD**
 STREET ADDRESS **3474 RUDOLF ROAD #9**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE Change Addition
 NAME **Verdieu Dieuvent**
 STREET ADDRESS **1274 32nd Street**
 CITY-ST-ZIP **Riviera Beach, Fl 33404**

TITLE Delete
 NAME **S BARTLEY, ANNE**
 STREET ADDRESS **1043 ASPRI WAY**
 CITY-ST-ZIP **RIVIERA BEACH FL 33418**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T JEANTY, MAGUELITA**
 STREET ADDRESS **2413 PALM GLADE DRIVE**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE Change Addition
 NAME **Dina Rivera**
 STREET ADDRESS **506 Date Palm Drive**
 CITY-ST-ZIP **Lake Park, Fl 33403**

TITLE Delete
 NAME **T CLAIR, MAXO SAINT**
 STREET ADDRESS **561 SW 8TH ST. #4**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

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: DANIEL BARTLEY 01/29/01 (561) 863-7527
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)