

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-17-2002 90142 022 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003599

1. Entity Name

EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC.

Principal Place of Business

Mailing Address

225 NW AVENUE G
BELLE GLADE FL 33430

1043 ASPRI WAY
RIVIERA BEACH FL 33418

40173



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

241 Cypress Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake Park, Florida

City & State

4. FEI Number

65-0501899

Applied For

Not Applicable

Zip

33403

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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	P	<input type="checkbox"/> Delete
NAME	BARTLEY, DANIEL REV. D	
STREET ADDRESS	1043 ASPRI WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33418	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIEUVEUT, VERDIEU T	
STREET ADDRESS	1274 32ND STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARTLEY, ANNE T	
STREET ADDRESS	1043 ASPRI WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33418	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, DINA	
STREET ADDRESS	508 DATE PALM DRIVE	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CLAIR, MAXO SAINT	
STREET ADDRESS	561 SW 8TH ST. #4	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joshta Sanon T	
STREET ADDRESS	218 7th Street #2	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (4/02)

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*
DIRECTOR, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/12/02 (561) 863-7527
Date Daytime Phone #