

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90009 023 ****61.25

DOCUMENT # N95000005389

1. Entity Name

CHURCH BETHANY HAITIAN ASSEMBLY OF GOD, INC.

Principal Place of Business

**580 WILMER AVENUE
 ORLANDO FL 32808**

Mailing Address

**580 WILMER AVENUE
 ORLANDO FL 32808**

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 **59-3344752**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUCAS, IDALBERT
 806 QUINTILLIAN AVENUE
 ORLANDO FL 32809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4838 SANDBAR Willow Ct

City

ORLANDO

FL

Zip Code

32808

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
 After September 12, 2001, 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

TITLE **D** ☐ Delete
 NAME **LUCAS, IDALBERT**
 STREET ADDRESS **580 WILMER AVENUE**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **D** ☒ Delete
 NAME **PHILIPPE, JEAN**
 STREET ADDRESS **5483 BLUEBERRY DR**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
 NAME **DECILIA, ALCIUS**
 STREET ADDRESS **1630 28 STREET**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **Rev. Gilbert Dertes**
 STREET ADDRESS **P.O. Box 585566**
 CITY-ST-ZIP **Orlando, FL 32858-5566**

TITLE **D** ☒ Change ☐ Addition
 NAME **Armando LeGros**
 STREET ADDRESS **P.O. Box 585566**
 CITY-ST-ZIP **ORLANDO FL 32858-5566**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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: **2001-11-16** FEE REQUIRED

07-16/01

1107-29011-91

CR2E037 (5/01)