

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90113 014 \*\*\*\*61.25

**DOCUMENT # N96000001993**

1. Entity Name

**THE HAITIAN EBENEZER BAPTIST CHURCH, INC.**



Principal Place of Business

Mailing Address

**3157 HAVERHILL RD  
WEST PALM BEACH FL 33417  
US**

**P.O. BOX 223054  
WEST PALM BEACH FL 33422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0678888**

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

**MYRTIL, AMOS PASTOR  
1314 DREXEL ROAD  
WEST PALM BEACH FL 33417**

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
TITLE NAME ☐ Delete  
**LUCIEN, ROBERT**  
STREET ADDRESS  
**557 CASPER AVE**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33413**

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

D  
TITLE NAME ☒ Delete  
**ALBERT, JEAN M**  
STREET ADDRESS  
**1186 LAKE TERRY DR**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33411**

☒ Change ☐ Addition  
**MARCELLIN, JOSIAS**  
TITLE NAME  
**5511 HADE RFORD WAY**  
STREET ADDRESS  
**LAKE WORTH, FL 33463**  
CITY-ST-ZIP

MD  
TITLE NAME ☐ Delete  
**FRERE, GUYTEMBERT**  
STREET ADDRESS  
**510 54 STREET**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33407**

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

P  
TITLE NAME ☐ Delete  
**MYRTIL, AMOS PASTOR**  
STREET ADDRESS  
**1314 DREXEL ROAD**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33417**

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

D  
TITLE NAME ☐ Delete  
**JOSEPH, BASILE**  
STREET ADDRESS  
**1797 JOY RD #202**  
CITY-ST-ZIP  
**WEST PALM BEACH FL 33411**

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

☐ Delete  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/6/03 (561) 478-354**

CR2E037 (4/03)