

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90003 010 \*\*\*\*75.00

DOCUMENT # *N96000002795*  
1. Entity Name *FIRST HAITIAN CHURCH OF GOD, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*First Haitian Church of God Seannine Fortune*  
Suite, Apt. #, etc.  
*932 WEST AVENUE A*  
City & State  
*BELLE GLADE FL*  
Zip  
*33430*  
Country  
*FL*

3. Mailing Address  
*Seannine Fortune*  
Suite, Apt. #, etc.  
*7404 Willow Spring Cir*  
City & State  
*Boynton Beach FL*  
Zip  
*33436*  
Country  
*FL*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 *Seannine Fortune* *First HAITIAN CHURCH OF GOD, INC. 5-9-05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR FORTUNE SEANNINE 7404 WILLOW SPRING CR. BOYNTON BEACH FL 33436</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D. FORTUNE Seannine 7404 WILLOW SPRING CR BOYNTON BEACH FL 33436</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR. BONNET LOUISE 5733 CANNON WAY WEST PALM BEACH FL 33415</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DR. CLERVYANT CLEMON 101 NORTH WEST 10 STREET BELLE GLADE FL 33430</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JEAN MARIUS 925 SOUTH WEST AVE APT 9 BELLE GLADE FL 33430</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FORTUNE ERNANDE 7404 WILLOW SPRING CR BOYNTON BEACH FL 33436</i>

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Seannine Fortune* *5-9-05* *561373-2113*

CR2E037B (12/02)