

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90132 010 ****61.25

DOCUMENT # N96000004669

1. Entity Name
L'EGLISE BETHEL BAPTISTE DE LA COMMUNAUTE HAITE NNE, INC.



Principal Place of Business
6060 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

Mailing Address
6060 KIMBERLY BLVD
NORTH LAUDERDALE FL 33068

11029591



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6060 Kimberly Blvd
Suite, Apt. #, etc.

3. Mailing Address
6060 Kimberly Blvd
Suite, Apt. #, etc.

City & State
North-Lauderdale, FL N. Lauderdale FL
Zip **33068** **Country** **USA**

4. FEI Number **65-0702199**
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

PIERRE-LOUIS, FORTMIL
5001 SW 12TH STREET
MARGATE FL 33068

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 *Fortmil Pierre-Louis*

4-20-03

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERRE-LOUIS, FORTMIL	
STREET ADDRESS	5001 SW 12TH ST	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	V	<input type="checkbox"/> Delete
NAME	DELVARICE, HOLSDER	
STREET ADDRESS	399 SW 64 TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROCK, THEODULE	
STREET ADDRESS	1721 SW 65TH AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANDR, NORVIUS	
STREET ADDRESS	12167 NW 46TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOTESSE, EMIL	
STREET ADDRESS	323 SW 33TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ANNE-Vierge DORT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6060 Kimberly Blvd	
STREET ADDRESS	N. Lauderdale FL 33068	
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fortmil Pierre-Louis*

04-20-03 954-972-7891

CR2E037 (10/02)