2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State DOCUMENT # **N9700000183** EGLISE BAPTISTE HAITIENNE DE LA GRACE, INC. 05-19-2002 90071 010 ****61.25 Principal Place of Business Mailing Address P.O. BOX 816753 P.O. BOX 816753 HOLLYWOOD FL 33081 HOLLYWOOD FL 33081 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0776771 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIGAN, LUCDEL L 631 SW 68TH TERRACE PEMBROKE PINES FL 33023 Zip Code City FL 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) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CSPD ☐ Addition TITLE ☐ Delete TITLE Channe HARRIGAN, LUCDEL L NAME NAME STREET ADDRESS 631 S.W 68TH TERRACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33023 CITY-ST-ZIP STD ☐ Addition TITLE ☐ Delete TITLE ☐ Change FLEURIMA, CLEOBERT NAME NAME 440 NORTHWEST 40TH COURT, #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-FORT-LAUDERDALE FL-33309 CITY-ST-ZIP **VPD** ean Andre pierre Change Delete SAINTIL, TANILUS NAME 938 NORTHWEST 1ST AVENUE, #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33311 CITY-ST-ZIP BAEO TITLE ☐ Delete TITLE RODRIQUEZ, CLIFTON H NAME NAME 3146 N.W. 68 ST. STE.1 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 addis

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

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