

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90139 001 ***122.50

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1. Entity Name
EGLISE BAPTISTE HAITIENNE DE LA GRACE, INC.



Principal Place of Business
**P.O. BOX 816753
HOLLYWOOD, FL 33081**

Mailing Address
**P.O. BOX 816753
HOLLYWOOD, FL 33081**

66412065



04112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776771

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRIGAN, LUCDEL L
631 SW 68TH TERRACE
PEMBROKE PINES, FL 33023**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CSPD
HARRIGAN, LUCDEL L
631 S.W 68TH TERRACE
PEMBROKE PINES, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
FLEURIMA, CLEOBERT
440 NORTHWEST 40TH COURT, #2
FORT LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PIERRE, JEAN
2300 SW 43AVE
PLANTATION, FL 33371**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BAEO
RODRIQUEZ, CLIFTON H
3146 N.W. 68 ST. STE.1
FT. LAUDERDALE, FL 33309**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/2004 (954)843-0537
Date Daytime Phone #