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

ATX1

FILED

2008 MAR 12 AM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000000183

1. Entity Name

Eglise Baptiste Haitienne De La Grace, Inc.

DO NOT WRITE IN THIS SPACE

1/25/08 90044 001 61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2201 NW 93rd Avenue	P.O. Box 14161
Suite, Apt #, etc: 1	Suite, Apt. #, etc,
City & State: Pembroke Pines, Florida	City & State: Fort Lauderdale, Florida
Zip: 33024 Country: USA	Zip: 33302 Country: USA

4. FEI Number: 65-0776771 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lucdel L. Harrigan

Street Address (P.O. Box Number is Not Acceptable): 2201 NW 93rd Avenue

City: Pembroke Pines FL Zip Code: 33024

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: _____ Lucdel L. Harrigan 1/18/2008

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11.	
TITLE	President/CEO/Senior Pastor	TITLE	
NAME	Lucdel L. Harrigan	NAME	
STREET ADDRESS	2201 NW 93rd Avenue	STREET ADDRESS	
CITY-ST-ZIP	Pembroke Pines, Florida 33024	CITY-ST-ZIP	
TITLE	Corporate Secretary/Trustee/Director	TITLE	
NAME	Cleobert Fluerima	NAME	
STREET ADDRESS	440 NW 40th Court, Apt No.2	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33309	CITY-ST-ZIP	
TITLE	Vice President/Trustee/Director	TITLE	
NAME	Jean Pierre	NAME	
STREET ADDRESS	2300 SW 43rd Avenue	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Plantation, Florida 33371	CITY-ST-ZIP	
TITLE	Board Advisory/Mgr. Consultant	TITLE	IN THIS SPACE
NAME	Clifton H. Rodriquez, MPA, CPA, CIA	NAME	
STREET ADDRESS	3146 NW 68th Street, Suite No.1	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, Florida 33309-1206	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Lucdel L. Harrigan, CEO 1/18/2008 (954)517-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/1/20