

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

ATX1

DOCUMENT # N97000000183

1. Entity Name

Eglise Baptiste Haitienne De La Grace, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2201 NW 93rd Avenue

Suite, Apt #, etc

1

City & State

Pembroke Pines, Florida

3. Mailing Address

P.O. Box 14161

Suite, Apt. #, etc,

City & State

Fort Lauderdale, Florida

1/25/08 90044 001 61-25

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

Zip

33024

Country

USA

Zip

33302

Country

USA

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

**DO NOT WRITE
IN THIS SPACE**

City

Pembroke Pines

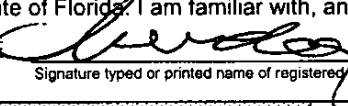
FL

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President/CEO/Senior Pastor

Lucdel L. Harrigan

2201 NW 93rd Avenue

Pembroke Pines, Florida 33024

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Corporate Secretary/Trustee/Director

Cleobert Fluerima

440 NW 40th Court, Apt No.2

Fort Lauderdale, Florida 33309

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President/Trustee/Director

Jean Pierre

2300 SW 43rd Avenue

Plantation, Florida 33371

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Board Advisory/Mgr. Consultant

Clifton H. Rodriguez, MPA, CPA, CIA

3146 NW 68th Street, Suite No.1

Fort Lauderdale, Florida 33309-1206

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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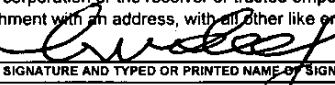
STREET ADDRESS

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 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 #

2/1/2008