

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

3. Mailing Address

P.O. Box 816753

Suite, Apt. #, etc,

City & State

Pembroke Pines, Florida

City & State

Hollywood, Florida

Zip
33024

Country
USA

Zip
33081

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

**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

Lucdel L. Harrigan

Lucdel L. Harrigan

4/30/2009

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 Fluorima 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 | |

11.

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**DO NOT WRITE
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

Lucdel L. Harrigan, CEO

4/30/2009

(954)517-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 JUN -4 AM 9:38

CLERK OF STATE
TALLAHASSEE, FLORIDA

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