

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

ATX1

**DOCUMENT #** N97000000183  
**1. Entity Name**  
 Eglise Baptiste Haitienne De La Grace, Inc.

**FILED**

09 JUN -4 AM 9:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200156783012  
06/04/09--01020--018 \*\*122.50

**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.

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 65-0776771		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		

**City & State**  
Pembroke Pines, Florida

**City & State**  
Hollywood, Florida

**Zip**  
33024

**Country**  
USA

**Zip**  
33081

**Country**  
USA

**7. Name and Address of Current Registered Agent**

**Name**  
Lucdel L. Harrigan

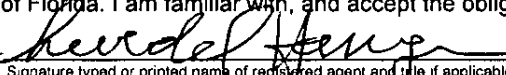
**Street Address (P.O. Box Number is Not Acceptable)**  
2201 NW 93rd Avenue

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

**Make Check Payable to Florida Department of State**


**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	President/CEO/Senior Pastor
<b>NAME</b>	Lucdel L. Harrigan
<b>STREET ADDRESS</b>	2201 NW 93rd Avenue
<b>CITY-ST-ZIP</b>	Pembroke Pines, Florida 33024
<b>TITLE</b>	Corporate Secretary/Trustee/Director
<b>NAME</b>	Cleobert Flueringa
<b>STREET ADDRESS</b>	440 NW 40th Court, Apt No.2
<b>CITY-ST-ZIP</b>	Fort Lauderdale, Florida 33309
<b>TITLE</b>	Vice President/Trustee/Director
<b>NAME</b>	Jean Pierre
<b>STREET ADDRESS</b>	2300 SW 43rd Avenue
<b>CITY-ST-ZIP</b>	Plantation, Florida 33371
<b>TITLE</b>	Board Advisory/Mgr. Consultant
<b>NAME</b>	Clifton H. Rodriguez, MPA, CPA, CIA
<b>STREET ADDRESS</b>	3146 NW 68th Street, Suite No.1
<b>CITY-ST-ZIP</b>	Fort Lauderdale, Florida 33309-1206
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>CITY-ST-ZIP</b>	

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**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** **4/30/2009** **(954)517-0737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #