

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2010**

ATX1

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN 22 PM 4:05

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

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

600166945686
01/22/10--01029--023 **122.50
DO NOT WRITE IN THIS SPACE

KS

4. FEI Number
65-0776771

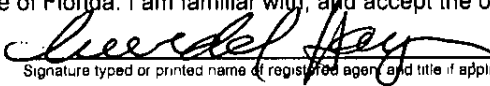
Applied For
Not Applicable

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** **1/15/2010**
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
Trust Fund Contribution.

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	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 817, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other I am empowered.

SIGNATURE:  **Lucdel L. Harrigan, CEO** **1/15/2010** **(954)517-0737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #