

2001 UNIFORM BUSINESS REPORT (UBR)

0009962

DOCUMENT # N98000006762

1. Entity Name

LOVING HANDS MINISTRY OF HAITI, INC.

FILED

02 JAN 31 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5168 PINE GROVE DR.
WEST PALM BEACH FL 33417

Mailing Address

5168 PINE GROVE DR.
WEST PALM BEACH FL 33417

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0875711

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH, RENE
5168 PINE GROVE DR.
WEST PALM BEACH FL 33417

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Rev. Rene Joseph

Rev. Rene Joseph

01-24-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, APOISTLE RENE	
STREET ADDRESS	P.O. BOX 18595	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARIE, DORENTIA JEAN	
STREET ADDRESS	P.O. BOX 18595	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITT, PASTOR KEVIN	
STREET ADDRESS	P.O. BOX 18595	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAENDRE, JEAN R	
STREET ADDRESS	1616 E COAST AVE	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	D	<input type="checkbox"/> Delete
NAME	IRENE, BRUNEUL	
STREET ADDRESS	439 FLAGLER BLVD	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100004911851--5
STREET ADDRESS	-02/12/02--01060--005
CITY-ST-ZIP	****297.50 ****297.50
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. Rene Joseph

9-30-01

CR2E037 (5/01)