

DOCUMENT # N99000000530

1. Entity Name

HAITIAN MISSIONARY BAPTIST CHURCH OF LAKE FOREST

Principal Place of Business

3610 S.W. 48 SAVE.  
HOLLYWOOD FL 33023

Mailing Address

3011 SUNSHINE BLVD.  
MIRAMAR FL 33023-3724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0891887

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOURCAND, JEAN  
3011 SUNSHINE BLVD.  
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name Rev JEAN FOURCAND  
Street Address (P.O. Box Number is Not Acceptable) 3011 SUNSHINE BLVD  
MIRAMAR FLA 33023  
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

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

JEAN FOURCAND  
(NOTE: Registered Agent signature required when reinstating)

DATE

H. 16. 2000

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Director	Jean Fourcand	3011 Sunshine Blvd.	Miramar, FL 33023	<input checked="" type="checkbox"/> (D)
Secretary	Marie Michele Fourcand	3011 Sunshine Blvd.	Miramar, FL 33023	<input type="checkbox"/>
Treasurer	Bellevue Geffrard	77 NW 99 St Mia Shores	Miami, FL 33150	<input type="checkbox"/>
	Wilson Amertil	3812 Lake Pl.	MIRAMAR FLA 33023	<input checked="" type="checkbox"/> (D)
	FRANCOIS BONWOM	7860 GRANADA DR	MIRAMAR FLA 33023	<input checked="" type="checkbox"/> (D)
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Jean Fourcand  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 962-6476

Date 4-26-00 Daytime Phone #

Rev JEAN FOURCAND

FILED  
Jun 03, 2000 8:00 am  
Secretary of State

05-05-2000 90081 045 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE