

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000001897****1. Entity Name****CHRISTIAN CHURCHES UNITED TO RESTORE THE WHOLE MAN FOR  
A BETTER COMMUNITY, INC.****Principal Place of Business**

14700 SOUTH BISCAYNE RIVER DRIVE

NORTH MIAMI  
33168

FL

**Mailing Address**

14700 SOUTH BISCAYNE RIVER DRIVE

NORTH MIAMI  
33168

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0908727**

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**

REV. PHIPPS SAINT HILAIRE

14700 SOUTH BISCAYNE RIVER DRIVE

NORTH MIAMI  
33168

FL

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

**05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****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	PD	<input type="checkbox"/> Delete	TITLE	PS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REV. PHIPPS SAINT HILAIRE		NAME	CHAPPUIS CLAIRES MDR.		
STREET ADDRESS	14700 SOUTH BISCAYNE RIVER DRIVE		STREET ADDRESS	P.O. BOX 24638 - GCC		
CITY-ST-ZIP	NORTH MIAMI FL 33168		CITY-ST-ZIP	WEST PALM BEACH FL 33416		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOISE YANITH		NAME	JOSEPH MARCKLY		
STREET ADDRESS	19931 SW 79 AVE		STREET ADDRESS	11985 SW 12TH ST.		
CITY-ST-ZIP	MIAMI FL 33189		CITY-ST-ZIP	PEMBROKE-PINES FL 33025		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ST. HILAIRE PHIPPS		NAME	MORISSET MICHEL REV.		
STREET ADDRESS	14700 SOUTH BISCAYNE RIVER DRIVE		STREET ADDRESS	P.O. BOX 307, MYAKKA AVE.		
CITY-ST-ZIP	NORTH MIAMI FL 33168		CITY-ST-ZIP	INTERCESSION CITY FL 33848		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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)(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:**

MORISSET MICHEL

REV.

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)