

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JAN 31 PM 4:40

DOCUMENT # N99 000 00 1897
1. Entity Name
**CHRISTIAN CHURCHES UNITED TO RESTORE THE WHOLE
MAN FOR BETTER COMMUNITY, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14800 S. Biscaine R. Dr. North Miami Fl.		3. Mailing Address 14700 S. Biscaine R. Dr. North Miami Fl.	
City & State		City & State	
Zip 33168	Country Dade	Zip 33168	Country Dade

REINSTATEMENT 02-03
DO NOT WRITE IN THIS SPACE

4. FEI Number 650908927	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name **Rev. Dr. Phipps Saint-Hilaires**
Street Address (P.O. Box Number is Not Acceptable)
14700 S. Biscaine R. Dr.
City **North Miami** FL Zip Code **33168**

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.
The Rev DR Phipps & Hilaire
SIGNATURE _____
Signature, typed or printed name of registered agent and where applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	C/P/D		Rev. Dr. Phipps Saint-Hilaires	14700 s. Biscaine R. Dr. North Miami Fl.	33168				
	S/D		Rev. Bishop Serge Saintasse	1020 N.W.200 Terrace Miami Fl.	33169				
	S		Ing. Frantz Prudet	14700 S. Biscaine R. Dr.	North Miami FL. 33168				
	V/M		Ing. Phipps Saint-Hilaires JR	14700 S. Biscaine R. Dr.	North Miami FL. 33168				
	T/D		MR CARLO Payoule	14700 S. Biscaine R. Dr. North Miami FL.	33168				

**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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *The Rev DR Phipps Saint-Hilaires* 11-15-02 Phone 305 688 8396

CR2E037B (12/01)