

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

DOCUMENT # N99000003651

1. Entity Name

GRACE HAITIAN CHURCH INC.



Principal Place of Business

715 S. FEDERAL HWY., STE #723  
BOYNTON BEACH FL 33435

Mailing Address

715 S. FEDERAL HWY., STE #723  
BOYNTON BEACH FL 33435

2. Principal Place of Business

715 S. Federal Hwy.

Suite, Apt. #, etc.

Suite NO = 723

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

3. Mailing Address

715 S. Federal Hwy.

Suite, Apt. #, etc.

Suite NO = 723

City & State

Boynton Beach, FL

Zip

33435

Country

Palm Beach

6. Name and Address of Current Registered Agent

BELONY, ANDRE PASTOR

715 S. FEDERAL HWY., NO 723  
BOYNTON BEACH FL 33435

7. Name and Address of New Registered Agent

Name

Same as #6

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rev. ANDRE J. BELONY Rev. Andre J. Belony 4/12/03

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

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                         |                                            |
|------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BELONY, MANITE<br>1460 NW 1ST COURT<br>BOYNTON BEACH FL 33435      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BELONY, ENOCK J<br>1460 NW 1ST COURT<br>BOYNTON BEACH FL 33435     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ESTERLIN, MERITE<br>1301 SW 10TH AVE #207<br>DELRAY BEACH FL 33444 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BELONY, PASCALIE J<br>1460 NW 1ST COURT<br>BOYNTON BEACH FL 33435  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEAUFIER, MAJORIE<br>630 NW 140 AVE<br>DELRAY BEACH, FL 33445      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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. ANDRE J. BELONY Rev. Andre J. Belony 4/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/03 Daytime Phone #

55033340



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0778093

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

CR2007 (10/02)