

2000 UNIFORM BUSINESS REPORT (UBR)

0017862

DOCUMENT # N99000004201

1. Entity Name
LEAGUE OF HAITIAN PASTORS OF CENTRAL FLORIDA, IN

FILED
00 OCT 27 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1336 N. PINE HILLS ROAD 1336 N. PINE HILLS ROAD
 ORLANDO FL 32808 ORLANDO FL 32808-4832



2. Principal Place of Business 3. Mailing Address

3403 N. Pine Hills Rd **3403 N. Pine Hills Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

Orlando, **Orlando,**
 City & State City & State

Orlando, FL **Orlando, FL**
 City & State City & State

32808 **Orange** **32808** **Orange**
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

8/28/00 9000008 \$61.25

4. FEI Number Applied For
59-3669131 Not Applicable

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

6. Name and Address of Current Registered Agent

MOMPOINT, EDNER PASTOR
1336 N. PINE HILLS ROAD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **Rev. Pierre A. Michaud, Pastor**
 Street Address (P.O. Box Number is Not Acceptable)
3403 N. Pine Hills Rd
 City **Orlando, FL** Zip Code **32808**

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 *Pastor Pierre A. Michaud (P)* **8-03-00**
 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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MODE, JACQUES JR.	
STREET ADDRESS	2535 SHRIMP STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	CINEAS, JEAN E	
STREET ADDRESS	4930 HERNANDES DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOMPOINT, EDNER PASTOR	
STREET ADDRESS	4845 PAT ANN TERRACE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	Pastor Pierre A. Michaud	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mode, Jacques Jr.	
STREET ADDRESS	2535 Shrimp St	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cineas, Jean E.	
STREET ADDRESS	4930 Hernandez Dr	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pierre A. Michaud	
STREET ADDRESS	3403 N. Pine Hills Rd	
CITY-ST-ZIP	Orlando, FL 32808	
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: *Pastor Pierre A. Michaud* **08-03-00 (407)291-1737**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CRZE037 (9/99)

SP