

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

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90111 045 ****61.25

DOCUMENT # N99000004201

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



Principal Place of Business Mailing Address
1ST HAITIAN BAPTIST CHURCH OF ORLANDO 729 DEL RAY DR
4701 LENOX BLVD KISSIMMEE FL 34758
ORLANDO FL 32858

2. Principal Place of Business *OF ORLANDO*
1ST HAITIAN BAPTIST CHURCH 3. Mailing Address
545 THOMAS JEFFERSON WAY

Suite, Apt. #, etc. Suite, Apt. #, etc.
4701 LENOX BLVD

City & State City & State
ORLANDO, FL 32 *ORLANDO, FL*

Zip Country Zip Country
32858 ORANGE *32809 ORANGE*



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3669131** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MICHAUD, PIERRE A PASTOR
729 DEL RAY DR
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent
Name *Rev. RAYMOND CLOTAIRE*
Street Address (P.O. Box Number is Not Acceptable)
545 THOMAS JEFFERSON WAY
City *ORLANDO, FL* Zip Code *FL 32809*

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. RAYMOND CLOTAIRE, PASTOR* *[Signature]* DATE *05-01-03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D <input checked="" type="checkbox"/> Delete
NAME	MODE, JACQUES JR.
STREET ADDRESS	2535 SHRIMP STREET
CITY-ST-ZIP	ORLANDO FL 32839
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	CINEAS, JEAN E
STREET ADDRESS	4930 HERNANDEZ DRIVE
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	MICHAUD, PIERRE A PASTOR
STREET ADDRESS	3403 N. PINE HILLS RD
CITY-ST-ZIP	ORLANDO FL 32808
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	O PONT, ROBERT REV
STREET ADDRESS	729 DEL RAY DR
CITY-ST-ZIP	KISSIMMEE FL 34758
TITLE	D <input type="checkbox"/> Delete
NAME	ST LOUIS, EMMANUEL
STREET ADDRESS	1853 BAYWOOD AVE
CITY-ST-ZIP	ORLANDO FL 32818
TITLE	D <input type="checkbox"/> Delete
NAME	CLOTAIRE, RAYMOND
STREET ADDRESS	545 THOMAS JENTHERSON WAY
CITY-ST-ZIP	ORLANDO FL 32809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIRECTOR, PASTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. RAYMOND CLOTAIRE
STREET ADDRESS	545 THOMAS JEFFERSON WAY
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	DIRECTOR, SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. William Prime
STREET ADDRESS	6133 W. AMELIA ST.
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Jacques Brun
STREET ADDRESS	4919 Indialantic DE
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Breneus Desir
STREET ADDRESS	1839 GAMMON LANE
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Jonatas Isaac
STREET ADDRESS	1742 MERCY DR APT # 8
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL ST. Louis
STREET ADDRESS	1853 BAYWOOD AVE
CITY-ST-ZIP	ORLANDO, FL 32818

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. RAYMOND CLOTAIRE* *[Signature]* DATE: *05-01-03*

CR2E037 (10/02)