

2000 UNIFORM BUSINESS REPORT (UBR)

9/15/00-90027-001-\$61.25-\$61.25
* 9/15/00-90027-002-\$8.75-\$8.75

DOCUMENT # N99000004955

1. Entity Name

FIRST HAITIAN BAPTIST CHURCH OF LAKE LAND, FLORID

Principal Place of Business

Mailing Address

315 IDAHO AVE.
LAKE LAND FL 33801-6178

315 IDAHO AVE.
LAKE LAND FL 33801-6178

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED
00 OCT 31 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANAGING / Director
Joseph L. Guy VILSAINT
204 Low Lane West
Lake Land, FLA 33801

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

Joseph L. Guy Vilsaint

Vilsaint

10/25/2000

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing

\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD VAILLANT, JEAN JACQUES 804 W. 7TH ST., #A-20 LAKE LAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VILSAINT, LONGWIS 804 W. 7TH ST., #B-4 LAKE LAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AUGUSTIN, EMOCK 610 N. TEXAS AVE. LAKE LAND FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

JOSEPH L. GUY VILSAINT

7-10-2000

Date

Daytime Phone #

CR2E037 (5/00)