FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 18 AM 8:00

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

DOCUMENT # N99000006383

1. Entity Name
SOUTH DADE HAITIAN UNITED METHODIST MISSION, INC.

Principal Place of Business	Mailing Address
605 S.W. 6TH AVENUE HOMESTEAD, FL 33030	605 S.W. 6TH AVENUE HOMESTEAD, FL 33030

2. Principal Place of Business	3. Mailing Address
605 SW 6th Ave	P.O. Box 900774
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Homestead	City & State: Hstd, Florida
Zip: 33030 Country: US	Zip: 33090 Country: US

☐ CHECK HERE IF MAKING CHANGES MRS

4. FEI Number: 65-1021496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOSNER, STEVEN D 65 N.W. 16TH STREET HOMESTEAD, FL 33030	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25 Initial or Amended UBR

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT MARCEUS, EMMANUEL 605 S.W. 6TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC FLEURINE, ELOU 605 S.W. 6TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS DORSAINVIL, ERNSO 605 S.W. 6TH AVENUE HOMESTEAD, FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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09/18/03--01088--005 **61.25
CR2E084 (1/02)

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: ERNSO DORSAINVIL 9/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #