

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

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90081 048 ****61.25

DOCUMENT # N99000006703

1. Entity Name Bethel Community Haitian Covenant Church, Inc.



DO NOT WRITE IN THIS SPACE

40046627

2. Principal Place of Business 301 SW West Virginia
3. Mailing Address 861 SW.Trouville Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port St.Lucie, Fl 34983 PSL, Fl 34953

4. FEI Number

59-3610299

Applied For

Not Applicable

Zip

Country

Zip

Country

34983

Saint Lucie

34953

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Rev.Jacqueson Pierre, Pastor

Street Address (P.O. Box Number is Not Acceptable)

861 SW.Trouville Avenue

City

PORT Saint Lucie

FL

Zip Code

34953

**DO NOT WRITE
IN THIS SPACE**

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.

To preach the gospel of Jesus Christ and Religious services.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE Rev.Jacqueson Pierre, Presiden
NAME
STREET ADDRESS 861 SW.Trouville Avenue
CITY-ST-ZIP Port Saint Lucie, Fl 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Rev.Louigene Jean, vice-President
NAME
STREET ADDRESS 1464 Waterway Cove Drive
CITY-ST-ZIP Willington, Fl 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Michelle Jean-Baptiste, Treasurer
NAME
STREET ADDRESS 6178 Forest Hill Blvd # 312
CITY-ST-ZIP West Palm Beach, Fl 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Viliane Pierre, Secretary
NAME
STREET ADDRESS 861 SW.Trouville Avenue
CITY-ST-ZIP Port Saint Lucie, Fl 34953

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Daytime Phone: #

CR2E037B (12/02)