

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/

**FILED**  
**Sep 21, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90109 031 \*\*\*\*61.25

**DOCUMENT # N99000006975**

1. Entity Name

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Principal Place of Business

3062 GRAND AVE  
 FT MYERS FL 33901

Mailing Address

3062 GRAND AVE  
 FT MYERS FL 33901

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAJUSTE, JEAN  
 3062 GRAND AVE  
 FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: 65 06 015 40  
 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

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

(NOTE: Registered Agent signature required when renaming)

DATE

FILE NOW: FEE IS \$61.25

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

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CHAIRMAN  Delete  
 JEAN DAJUSTE  
 3062 GRAND AVE  
 FT MYERS, FL 33901

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

VICED-CHAIRMAN  Delete  
 JEAN B. SAINVALE  
 1680 RASSATE AV.  
 FT MYERS FL 33901

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TREASURER  Delete  
 EUBAINE RACICIS  
 4237 GREENWOOD AV  
 FT MYERS FL 33905

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

SECRETARY  Delete  
 JEAN W. LAQUELLE  
 4620 W. DRIVE  
 FT MYERS FL 33907

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

MEMBER  Delete  
 ROSEMOND THOMAS  
 3539 GLENDA DR  
 FT MYERS FL 33901

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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:

**SIGNATURE REQUIRED**

8/26/00

941-334-6390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP12E037 (5/00)