

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000183

**Entity Name:** EGLISE BAPTISTE HAITIENNE DE LA GRACE, INC.

**Current Principal Place of Business:**

1000 N. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33311

**Current Mailing Address:**

P.O.BOX 816753  
HOLLYWOOD, FL 33081

**FEI Number:** 65-0776771

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRIGAN, LUCDEL L  
2201 NW 93RD AVENUE  
PEMBROKE PINES, FL 33024 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name HARRIGAN, LUCDEL L  
Address 2201 NW 93RD AVENUE  
City-State-Zip: PEMBROKE PINES FL 33024

Title CSTD  
Name FLEURIMA, CLEOBERT  
Address 440 NORTHWEST 40TH COURT, #2  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VPTD  
Name PIERRE, JEAN  
Address 2300 SW 43 AVENUE  
City-State-Zip: PLANTATION FL 33371

Title BOARD ADVISOR  
Name RODRIQUEZ, CPA, CLIFTON H  
Address 3146 N.W. 68 ST. STE.1  
City-State-Zip: FT. LAUDERDALE FL 33309-1206

Title TREASURER, DIRECTOR  
Name LEMIEUX, PIERRE  
Address 700 SW 79TH AVENUE  
City-State-Zip: NORTH LAUDERDALE FL 33068

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** HARRIGAN,LUCDEL

**EXECUTIVE DIRECTOR**

**03/18/2023**

Electronic Signature of Signing Officer/Director Detail

Date