

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90050 001 \*\*\*\*66.25

**DOCUMENT # F99000005477**

1. Entity Name

**HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST, INC**

Principal Place of Business

Mailing Address

930 CUSTER AVENUE SE  
 ATLANTA GA 30316

930 CUSTER AVENUE SE  
 ATLANTA GA 30316-3108

00009150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1652824**

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

PASTEUR, ABNER  
 (911-B 66TH) PO-Box-248  
 ONECO FL 34264

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 reinstating)

DATE

**FILE NOW:**  
**FEF IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	JOSEPH, ROLAND R	NAME	
STREET ADDRESS	930 CUSTER AVENUE SE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30316	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	ST FLEUR, FRANTZ	NAME	
STREET ADDRESS	930 CUSTER AVENUE SE	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30316	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	BOULOUTE, JONAS	NAME	
STREET ADDRESS	8489 MAGNOLIA DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JONESBORO GA 30236	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roland R Joseph*

Date

Daytime Phone #

770-474-8203  
 01-08-00