

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90189 035 ****70.00

DOCUMENT # F99000005477

1. Entity Name

HAITIAN MINISTRY THEOPHILE CHURCH IN CHRIST, INC

Principal Place of Business

930 CUSTER AVENUE SE
 ATLANTA GA 30316

Mailing Address

930 CUSTER AVENUE SE
 ATLANTA GA 30316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1652824

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

PASTEUR, ABNER
911-B 66TH PO BOX 248
ONECO FL 34264

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD JOSEPH, ROLAND R	<input type="checkbox"/> Delete
STREET ADDRESS	930 CUSTER AVENUE SE	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE NAME	DS ST FLEUR, FRANTZ	<input type="checkbox"/> Delete
STREET ADDRESS	930 CUSTER AVENUE SE	
CITY-ST-ZIP	ATLANTA GA 30316	
TITLE NAME	DT BOULOUTE, JONAS	<input type="checkbox"/> Delete
STREET ADDRESS	8489 MAGNOLIA DRIVE	
CITY-ST-ZIP	JONESBORO GA 30236	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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**

[Handwritten Signature]
 770-474-8203
 7-8-02

CR2E037 (4/02)