

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90004 001 ****75.00

DOCUMENT # N95000000691

1. Entity Name
EGLISE MISSIONNAIRE SOURCE DE VIE, INC.

Principal Place of Business Mailing Address
 P.O. BOX 9087 P.O. BOX 9087
 FORT LAUDERDALE FL 33310 FORT LAUDERDALE FL 33310-9087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2901 W Oakland Park **P.O. Box 9087**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
A-14 **Fort-Lauderdale.**
 City & State City & State
FT Florida
 Zip Country Zip Country
33311 **USA** **33310-9087** **USA**

4. FEI Number Applied For
65-0720109 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ANTOINE, JACQUES W
640 ARIZONA AVENUE
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **Jean-Claude Fergile**
 Street Address (P.O. Box Number is Not Acceptable)
4411 NW 32 ST
 City **Lauderdale Lakes** FL Zip Code **33319**

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 **JEAN-CLAUDE FERGILE** *J. Claude Fergile* **5-16-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PIERRE-LOUIS, MICHAELLE	
STREET ADDRESS	6250 SW 19 ST	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOUIS PIERRE, REYNALD	
STREET ADDRESS	6250 SW 19 ST	
CITY-ST-ZIP	N FT LAUDERDALE FL 33068	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELIDOR, RENAND RODNEY	
STREET ADDRESS	317 NW 42 TER	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROYCR, GINETTE	
STREET ADDRESS	1161 ARIZONA AVE	
CITY-ST-ZIP	FT LAUD FL 33312	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARATTE, MAAXIME	
STREET ADDRESS	6000 N.W. 19TH ST.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTOINE, ROSE BENIBIE	
STREET ADDRESS	640 ARIZONA AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guerda Fergile	
STREET ADDRESS	4411 N.W. 32 ST	
CITY-ST-ZIP	Lauderdale Lakes 33319 FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNY Laratte	
STREET ADDRESS	6.000 N.W 19 ST	
CITY-ST-ZIP	Sunrise, 33313 FL	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ephrem Lordius	
STREET ADDRESS	7437 SW 12 CT	
CITY-ST-ZIP	N. Lauderdale FL 33068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mirelle Lordius	
STREET ADDRESS	7437 S.W 12 CT	
CITY-ST-ZIP	N. Lauderdale FL 33068	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jesula Jean-Charles	
STREET ADDRESS	641 NE 44 ST	
CITY-ST-ZIP	Pompano 33064	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rosemond Etienne	
STREET ADDRESS	1400 Holly Heights drive	
CITY-ST-ZIP	33304	

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: **J. Claude Fergile** *J. Claude Fergile* **5-16-00** **954-7338376**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CFE017 (SM)