

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90014 046 ****61.25

DOCUMENT # N96000001683

1. Entity Name

NEW ALLIANCE CHRISTIAN CHURCH, INC.

Principal Place of Business

**1025 NE MIAMI GARDENS DR
 NO MIAMI BCH FL**

Mailing Address

**15710 NE 13TH AVENUE
 NO MIAMI BEACH FL 33162-5522**

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

65-0656986

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

**TOUSSAINT, MICHEL A REV.
 15710 NE 13TH AVENUE
 NO MIAMI BEACH FL 33162-5522**

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.

SIGNATURE

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
 After September 12, 2001, 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 **PD** ☐ Delete
 NAME **TOUSSAINT, MICHEL A REV**
 STREET ADDRESS **15710 NE 13TH AVENUE**
 CITY-ST-ZIP **NO MIAMI BEACH FL 33162-5522**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **TOUSSAINT, MARIE R**
 STREET ADDRESS **15710 NE 13TH AVENUE**
 CITY-ST-ZIP **NO MIAMI BEACH FL 33162-5522**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **ROCKER, GINA**
 STREET ADDRESS **2040 NE 180 ST**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE **SD** ☒ Change ☐ Addition
 NAME **CHATRICE TELFORT**
 STREET ADDRESS **17031 NE 21st Ave # 2**
 CITY-ST-ZIP **N. MIAMI BCH FL**

TITLE **TD** ☐ Delete
 NAME **CASSIGNOL, MARIE**
 STREET ADDRESS **1121 GAMM AVENUE**
 CITY-ST-ZIP **OPA LOCKA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DD** ☐ Change ☒ Addition
 NAME **KERTUS M. TOUSSAINT**
 STREET ADDRESS **15710 NE 13 AVE**
 CITY-ST-ZIP **N. MIAMI BCH FL 33162**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

Michel A. Toussaint **MICHEL A. TOUSSAINT** 09-02-01/30519426629

CR2E037 (5/01)