

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended
FILED

04 AUG -2 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N99000003574					
1. Entity Name THE TEMPLE OF ST. GERMAIN AND OUR LADY OF MOUNT CARMEL APOSTOLIC CHURCH, CORP.					
Principal Place of Business 621 NW 185TH STREET MIAMI FL 33169			Mailing Address 621 NW 185TH STREET MIAMI FL 33169		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0911675	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOB, LANDRY 621 NW 185TH STREET MIAMI FL 33169			7. Name and Address of New Registered Agent 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					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOB, LANDRY ☐ Delete 621 NW 185TH STREET MIAMI FL 33169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 500040049465 08/10/04--01080--002 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINDING, LYDIE ☐ Delete 10100 SW 53RD STREET COOPER CITY FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition TD JACOB, LYDIE 10100 SW 53rd St COOPER CITY, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, MARIE J ☒ Delete 560 NW 122 ST MIAMI FL 33168		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D TOUSSAINT, MARYSE M. 1717 North BAYSHORE DR. # 2541 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PIERRE-LOUIS, SHARESS ☒ Delete 11610 SW 113 PLACE MIAMI FL 33176		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DS McDONALD, MARGARETTE 6732 AZALEA DR. MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADELIENE, LOUNIS ☒ Delete 3396 FOXECRAFT RD MIRAMAR FL 33025		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D SMITH, EDNA P. 820 SW 14th CT DEERFIELD, FL 33441	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 filers empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/25/03 (305) 654-3295 Date Daytime Phone #		

CP2E037 (10/02)

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