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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000819 (4)

1. Corporation Name

UNITED STATES Raelian Movement Corporation

Principal Place of Business

**21241 NE 3RD COURT
N. MIAMI BEACH FL 33179
US**

Mailing Address

**P.O. BOX 611793
N. MIAMI FL 33261
US**

3. Date Incorporated or Qualified
12/22/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**CLARK, ALEXANDER
707 SE 3RD AVE.
SUITE 500
FT. LAUDERDALE FL 33302**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **NEWMAN, DONNA**
CITY - ST - ZIP **2175 NE 170TH ST.
NORTH MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **PARENT, MARIE-HELENE**
CITY - ST - ZIP **806 NE 214 LAND, #2
NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PARENT, GENEVIEVE**
CITY - ST - ZIP **21241 NE 3RD COURT
NORTH MIAMI BEACH FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **PARENT, GENEVIEVE**
CITY - ST - ZIP **21241 NE 3RD COURT
NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

211

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Genevieve Parent

5/7/96

(305) 653-9006

CR2E037 (12/95)