

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90916 035 ****61.25

DOCUMENT # 757931

1. Entity Name
EGLISE EVANGELIQUE DE DIEU D'EXPRESSION FRANCAIS

Principal Place of Business Mailing Address
 1595 N.W. 119 STREET 1595 N.W. 119 STREET
 FL 33167 MIAMI FL 33167-3117

2. Principal Place of Business 3. Mailing Address
1595 NW **1595 NW 119 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Miami **MIAMI FL 33167**
 Zip Zip Country
33167 FL **FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VOLTAIRE, VOLMAR
12970 N.W. 16 AVE.
MIAMI FL 33167

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.

SIGNATURE: *Rev. Voltaire Volmar* DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLTAIRE, VOLMAR	NAME	
STREET ADDRESS	12970 N.W. 16 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLTAIRE, JEANNE	NAME	
STREET ADDRESS	12970 N.W. 16 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, ERNST	NAME	
STREET ADDRESS	14200 N.W. 2 AVE.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULES, GARDY J	NAME	
STREET ADDRESS	13155 NW 12TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, FRONEL	NAME	SD 2175 NE 169 ST MIAMI FL
STREET ADDRESS	1665 N. 128 STREET	STREET ADDRESS	MAXON ARMAND 33162
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rev. Voltaire Volmar* Date: **4.27.2000** Daytime Phone #

CR2E037 (9/99)