

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90035 024 \*\*\*\*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  
MIAMI FL 33167****1595 N.W. 119 STREET  
MIAMI FL 33167**

2. Principal Place of Business

3. Mailing Address

**MIAMI FLORIDA**  
Suite, Apt. #, etc.**1595 NW 116 AVE**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI FLORIDA</b>		City & State		4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>
Zip <b>33167</b>	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>VOLTAIRE, VOLMAR 12970 N.W. 16 AVE. MIAMI FL 33167</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b>	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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	-------------------------------------------------------------------------------------	---------------------------------------	------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VOLTAIRE, VOLMAR 12970 N.W. 16 AVE. MIAMI FL 33167</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD VOLTAIRE, JEANNE 12970 N.W. 16 AVE. MIAMI FL 33167</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FELIX, ERNST 14200 N.W. 2 AVE. MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD JULES, GARDY J 13155 NW 12TH AVE MIAMI FL 33168</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FRANCOIS, LYONEL 1665 N.W. 126 STREET MIAMI FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **REV Voltaire Volmar** **2-28-2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)