

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State


01-18-2000 90121 021 ****66.25

DOCUMENT # 759537
 1. Entity Name
EGLISE DE DIEU MONT DES OLIVIERS, INC.

Principal Place of Business Mailing Address
45 N.E. 54TH STREET MIAMI FL 33137 **45 N.E. 54TH STREET MIAMI FL 33137-2433**

2. Principal Place of Business 3. Mailing Address
45 NE 54th ST **45 NE 54th ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI DADE **MIAMI FL**
 Zip Country Zip Country
33137 DADE **33137 DADE**


 DO NOT WRITE IN THIS SPACE
 4. FEI Number **22-2321231** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REJOUIS, WILNER (REV)
800 N.W. 145TH STREET
NORTH MIAMI FL 33168

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. Wilner Rejois** **Rev Wilner Rejois** **01-09-2000**
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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMETO, ROBUSTE 14421 NW 10TH AVE MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CEDENEUS, JEAN 301 NW 108 ST MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUERRIER, MONIQUE 12500 NW 17 CT MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUFRESNE, JOSUE 780 N.W. 145TH ST. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REJOIS, WILNER REV. 800 N.W 145TH STREET NORTH MIAMI FL 33168	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Pastor Josue Dufresne 780 NW 145 ST, Miami FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Associate Pastor Joel Delisport 541 NE 164 ST, Miami FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Jean Guillaume 301 NW 108 ST Miami FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deacon Ameto Robuste 14421 NW 10th Ave MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nicole Noreus 740 NW 143 ST MIAMI FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Anne-Marie Derese 78 NE 87 ST MIAMI FL 33147	<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: **Rejois Wilner Rejois** **01-09-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #