

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90533 017 \*\*\*\*70.00

**DOCUMENT # 768736**

1. Entity Name

**INDEPENDENT CHURCH OF GOD, INC.**



Principal Place of Business

**% JEAN O. ST. PAUL**  
**275 NW 54 ST.**  
**MIAMI FL 33127**

Mailing Address

**752 NW 77 TERR.**  
**HOUSE**  
**MIAMI FL 33150**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0032851**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

**Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. PAUL, JEAN O.**  
**752 N.W. 77TH TERRACE**  
**MIAMI FL 33150**

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 **PD** ☐ Delete  
NAME **ST. PAUL, JEAN O**  
STREET ADDRESS **752 NW 77TH TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **ST. HILAIRE, JEAN G**  
STREET ADDRESS **245 N.W. 40TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **OCTAVE, JUNIOR-TALES**  
STREET ADDRESS **1255 NW 118 ST.**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **CAHEAU, PAUL**  
STREET ADDRESS **1600 NW 119TH STREET**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **JEAN-BAPTISTE, ROBERT**  
STREET ADDRESS **1580 NW 129ST**  
CITY-ST-ZIP **MIAMI FL 33167**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TR** ☐ Delete  
NAME **FRANCOIS, CEBIEN**  
STREET ADDRESS **261 NE 76TH ST**  
CITY-ST-ZIP **MIAMI FL 33138**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Signature of Jean O. St. Paul*

01-23-03

CR2E037 (10/02)