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

FILED
Apr 17, 2003 8:00 am
Secretary of State
03-31-2003 90135 044 ****61.25

DOCUMENT # N00000002360

1. Entity Name
EGLISE EVANGELIQUE BAPTISTE PAR LA FOI, INC.

Principal Place of Business	Mailing Address
1205 NW 54TH STREET MIAMI FL 33127	1231 NORTHEAST 158TH STREET N MIAMI BEACH FL 33162

2. Principal Place of Business	3. Mailing Address
	1205 NE 54th st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	Miami Florida
Zip / Country	33193 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0999333 ☐ 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
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OTHELO, WILBERT 1231 NORTHEAST 158TH STREET N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 261 NE 77 St. Miami FL. 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRUTUS, RAPHAEL 1225 NW 130TH STREET MIAMI FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rev. Sajustene Dorleans ☐ Change ☐ Addition 1335 NE 142 St N. Miami FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AGENOR, ELISNOR 148 STREET NE 57TH STREET MIAMI FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eve Lyne Homere ☐ Change ☐ Addition 467 NE 107 St Miami Dade Miami FL 33161
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIERRE, RAPHAEL J 1231 NORTHEAST 158TH STREET N MIAMI BEACH FL 33162	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Luckner Othello ☐ Change ☐ Addition 5610 N Miami Ave Miami FL 33127
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED 04-14-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #