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

3/

FILED
Apr 03, 2003 8:00 am
Secretary of State
03-14-2003 90056 003 ****70.00

DOCUMENT # N00000003028

1. Entity Name

L'EGLISE DE JEHOVA_SHALOM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2907 NW 21stAvenue	3910 NE1ST Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Fort Lauderdale, FL 33311	Fort Lauderdale,FL 33334
City & State	City & State
Fort Lauderdale,FL 33311	Fort Lauderdale,FL33334
Zip: 33311 / Country: Broward	Zip: 33334 / Country: BROWARD

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4. FEI Number 02-0682960 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Rev. Rivel Dumaine Pastor

Street Address (P.O. Box Number is Not Acceptable):

1881 NW 42nd Terrace # F-203

City: Lauderhill FL Zip Code: 33313

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: Rivel Dumaine Rivel Dumaine Pastor/ ASD of Science in — DATE: 3-11-03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	Rev.Seliphete Sylvain Pastor	3910 NE 1ST Avenue	Fort Lauderdale,FL 33334
VD	Josue Vilsaint	1637 NW 11Avenue	Fort Lauderdale,FL 33311
SD	Emmanuel Accius	7800 SW 6th Court	North Lauderdale,FL 33068
TD	Amoncetyl Clercius	465 NW 40 ST	Fort Lauderdale,FL 33311
ATD	Antoine Sylvain	3910 NE 1 ST Avenue	Fort Lauderdale, FL 33334

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: S Sylvain Seliphete Sylvain — Date: 3/11/03 — Daytime Phone #: 954-566-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR