

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 019 ****61.25

DOCUMENT # N00000004368

1. Entity Name

EGLISE EVANGELIQUE DE BERE, INC.



Principal Place of Business

**6620 MERITMOOR CIRCLE
ORLANDO FL 32818**

Mailing Address

**6620 MERITMOOR CIRCLE
ORLANDO FL 32818**

2. Principal Place of Business

3905 Country Club

3. Mailing Address

SAME AS Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO Florida

City & State

Zip

32808

Country

USA

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TOUSSAINT, THOMAS
6620 MERITMOOR CIRCLE
ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name **N/H**

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

TITLE **D** ☐ Delete
NAME **TOUSSAINT, THOMAS REV.**
STREET ADDRESS **2428 LOCKE AVE.**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete
NAME **SAINT-PIERRE, SERDWICK MR.**
STREET ADDRESS **7361 BEACON HILL LOOP #8**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☒ Delete
NAME **JUSTE, JOSEPH SAINT MR.**
STREET ADDRESS **3701 ROBBINS AVE.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition
NAME **Michel Valere**
STREET ADDRESS **4811 KATHY Jo. Ter.**
CITY-ST-ZIP **Orlando, FL 32808**

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

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

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: **THOMAS TOUSSAINT**

4-15-03

(407) 291-9208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (10/02)