

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006642

1. Entity Name

EGLISE DE DIEU ASSEMBLEE DE LA GRACE, MENONITE, INC.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90434 020 ****61.25

Principal Place of Business

Mailing Address

615 9TH STREET NORTH
IMMOKALEE FL 34142

PO BOX 1010
IMMOKALEE FL 34143

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

65-1050884

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

LOUIS, LAURENT
3511 22ND STREET SW
LEHIGH ACRES FL 33971

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LOUIS, LAURENT
STREET ADDRESS 3511 22ND STREET SW
CITY-ST-ZIP LEHIGH ACRES FL 33971 ☐ Delete

TITLE PD
NAME Louis Laurent
STREET ADDRESS 3511 22nd St Sw
CITY-ST-ZIP Lehigh Acres, FL 33971 ☐ Change ☐ Addition

TITLE VD
NAME CENATUS, FEQUIERE
STREET ADDRESS 1956 ALEXANDER CIRCLE
CITY-ST-ZIP IMMOKALEE FL 34142 ☐ Delete

TITLE VD
NAME Marie L. Gilot
STREET ADDRESS 1707 N 6th Ave
CITY-ST-ZIP Immokalee, FL 33142 ☒ Change ☐ Addition

TITLE SD
NAME GILOT, MARIE L
STREET ADDRESS 1707 N 6TH AVE
CITY-ST-ZIP IMMOKALEE FL 33142 ☐ Delete

TITLE SD
NAME HIRLANDE GUILLAUME
STREET ADDRESS 1956 Alexander Circle
CITY-ST-ZIP Immokalee, FL 34142 ☐ Change ☒ Addition

TITLE TD
NAME LUBIN, RELACE
STREET ADDRESS 2176 DAVIS STREET
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE TD
NAME Lubin Relace
STREET ADDRESS 2176 Davis Street
CITY-ST-ZIP Ft Myers, FL 33901 ☐ Change ☐ Addition

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

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

Laurent Louis 4-12-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)