

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90149 001 *****8.75
06-27-2006 90149 002 *****61.25

66020896



DOCUMENT # N01000000064 1. Entity Name UNITED EVANGELICAL CHRISTIAN CHURCH MISSION INC					
Principal Place of Business 447 SW 7 HOMESTEAD, FL 33030			Mailing Address 27030 SW 142 AVE NARANJA, FL 33032		
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 65-1069298				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORVIL, TELESFORT L REV 27030 SW 142 AVE NARANJA, FL 33032				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORVIL, TELESFORT L REV		NAME		
STREET ADDRESS	27030 SW 142 AVE		STREET ADDRESS		
CITY-ST-ZIP	NARANJA, FL 33032		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORVIL, FRANCOISE		NAME		
STREET ADDRESS	422 NW 4TH		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAZAIRE, JOSEPH		NAME		
STREET ADDRESS	138 NW 2TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Treasurer		NAME		
STREET ADDRESS	BON Temps Jesu La		STREET ADDRESS		
CITY-ST-ZIP	422 NW 4TH AVE Homestead FL 33030		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Secretary		NAME		
STREET ADDRESS	Kilma Jevile		STREET ADDRESS		
CITY-ST-ZIP	562 NW 15 St Florida City FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bishop Telesfort L Florvil <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	



ATTACHMENT
Division of Corporations

66020 896

Annual Report[Annual Report Help](#)

Document Number

N01000000064

Business Entity Name

UNITED EVANGELICAL CHRISTIAN CHURCH MISSION INC

FEI Number

651069298

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No**Principal Place of Business**

Address

447 SW 7

Suite, Apt. #, etc.

City, State

HOMESTEAD

FL

Zip Code & Country

33030

Mailing Address

Address

27030 SW 142 AVE

Suite, Apt. #, etc.

City, State

NARANJA

FL

Zip Code & Country

33032

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

FLORVIL

TELESFORT

L

REV

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

27030 SW 142 AVE

Suite, Apt. #, etc.

City, State

NARANJA

FL

Zip Code & Country

33032

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

ATTACHMENT

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#1010000000064

Name (Last, First, Middle, Title)

Velima

Jerole

- OR -

Entity Name to serve as
Officer/Director

Street Address

562 nw 15 th

City, State

FLORIDA CITY

FL

Zip Code & Country

33034

Da

Title

SC

Name (Last, First, Middle, Title)

Bontemps

Jesula

- OR -

Entity Name to serve as
Officer/Director

Street Address

422 NW4th Ave

City, State

Homestead

FL

Zip Code & Country

33030

da

Title

Tr

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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