

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

3/

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90071 044 \*\*\*\*70.00

DOCUMENT # NO1000000176

1. Entity Name  
**CHRISTIAN UNION CHURCH, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**441 N.E. 3<sup>rd</sup> AVE**  
Suite, Apt. #, etc.  
City & State  
**Fort Lauderdale, FL**

3. Mailing Address  
**2075 NW 46 AVENUE**  
Suite, Apt. #, etc.  
**APT 101 I**  
City & State  
**Lauderhill FL**

DO NOT WRITE IN THIS SPACE

City & State  
**Fort Lauderdale, FL**  
Zip  
**33304**  
Country  
**BROWARD**

City & State  
**Lauderhill FL**  
Zip  
**33313**  
Country  
**Broward**

4. FEI Number  
**65-1080224**  
Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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: **Henock Joseph** **HENOCK JOSEPH** **2/11/02**  
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when reinstating) DATE

**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  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASTOR / PRESIDENT D</b> <b>Henock Joseph</b> <b>8811 SPRING LAKES DRIVE</b> <b>SUNRISE, FL 33351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASTOR, ASSISTANT / VICE PRESIDENT</b> <b>Pierre C. Mace</b> <b>225 SW. 12 AVE APT # 2</b> <b>FT. LAUDERDALE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY AND CHAIRMAN D</b> <b>JEAN CLAUDE EXILIAS</b> <b>2907 NW 56 AVE APT F2</b> <b>LAUDERHILL FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER T</b> <b>MARIE MONA PAUL</b> <b>2075 NW 46 AVE 101 I</b> <b>LAUDERHILL FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING DIRECTOR</b> <b>ERMITA NABAIR</b> <b>4200 NW 34 WAY</b> <b>LAUDERDALE LAKES, FL 33309</b>
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IN THIS SPACE**

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: **Henock Joseph**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/02** **(954) 830-3212**  
Date Daytime Phone #

CR2E037B (12/01)