

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90059 012 \*\*\*\*70.00

**DOCUMENT # NO1000000176**

1. Entity Name

**CHRISTIAN UNION CHURCH, INC.**



Principal Place of Business

**441 NE 3RD AVE  
FORT LAUDERDALE FL 33304**

Mailing Address

**2075 NW 46 AVENUE  
APT. 1014  
LAUDERHILL FL 33313**

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 **65-1080224**

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

**JULMISTE, BERNARD  
2720 S OAKLAND FOREST DR APT 703  
FT LAUDERDALE FL 33309-7528**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	HENOCK, JOSEPH	8811 SPRING LAKES DRIVE	SUNRISE FL 33351	<input type="checkbox"/>	<input type="checkbox"/>
VD	MACE, PIERRE	225 SW 12 AVE., APT# 2	FT. LAUDERDALE FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	EXILUS, JEAN CLAUDE	2907 NW 56 AVE., APT F-2	FORT LAUDERDALE FL 33323	<input type="checkbox"/>	<input type="checkbox"/>
T	PAUL, MARIE M	2075 NW 46 AVE., #1014	FORT LAUDERDALE FL 33313	<input type="checkbox"/>	<input type="checkbox"/>
MGR	NAZAIR, ERMITA	4200 NW 34 WAY	FORT LAUDERDALE FL 33309	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-12-03*