

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

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

02-11-2002 90026 033 ****61.25
04-09-2002 90739 050 *****8.75

DOCUMENT # : *N01000003239*

1. Entity Name
LA VRAIE EGLISE de JESUS-christ, inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
LA VRAIE EGLISE de JESUS-christ inc.

Suite, Apt. #, etc.
147 E. Lucy Street

City & State
Florida City, FL

Zip
33034

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-112769

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

B0062053

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
Rev. Claude LaFortune

Street Address (P.O. Box Number is Not Acceptable)

318 SW 5th St

City
HOMESTEAD

FL

Zip Code
33030

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 _____

**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
*President
Rev. Claude LaFortune 11D11
318 SW 5th St
HOMESTEAD, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
ANILANOV JOSEPH 11T11
318 SW 5th St
HOMESTEAD, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*SECRETARY
BERNARD ANTOINE 11D11
318 SW 5th St
HOMESTEAD, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Treasurer
Eunide LaFortune 11T11
318 SW 5th St HOMESTEAD, FL 33030*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Rev. Claude LaFortune LFT* *04/01/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E037B (12/01)