

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90200 003 ****70.00

DOCUMENT # NO1000003725

1. Entity Name
EGLISE EVANGELIQUE CHRETIENNE DE DIEU, INC.



Principal Place of Business
**14520 NE 16TH AVE
N MIAMI FL 33161**

Mailing Address
**14520 NE 16TH AVE
N MIAMI FL 33161**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1118803**

Applied For
Not Applicable

Zip

Country

Zip

Country

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAPTISTE, SERGE J
14520 NE 16TH AVE
N MIAMI FL 33161**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	BAPTISTE, SERGE J	
STREET ADDRESS	14520 NE 16TH AVE	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANTZ, STIVEN	
STREET ADDRESS	492 NE 141 ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BAPTISTE, MARIE G	
STREET ADDRESS	14520 NE 16TH AVE	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *R. BAPTISTE*

cell. 309-9621229
04-26-03, 305-892-0647

CR2E037 (10/02)