

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90023 019 ****61.25

DOCUMENT # N01000003823

1. Entity Name

EGLISE EVANGELIQUE DE LA GRACE POINCIANA, INC.

Principal Place of Business

Mailing Address

4545 PLEASANT HILL ROAD STE 103
 KISSIMMEE FL 34759

4545 PLEASANT HILL ROAD STE 103
 KISSIMMEE FL 34759

2. Principal Place of Business

3. Mailing Address

820 Cabaret Ct.

820 Cabaret Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

City & State

Kissimmee

4. FEI Number

59-3699422 021200 42

Applied For

Not Applicable

Zip

34759

Country

USA

Zip

34759

Country

USA

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

OPONT, ROBERT
729 DEL RAY DR
POINCIANA FL 34758

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.

SIGNATURE

Robert OPONT

R. Opont

03-04-02

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **OPONT, ROBERT**
 STREET ADDRESS: **729 DEL RAY DR**
 CITY-ST-ZIP: **POINCIANA FL 34758**

TITLE: **D** Change Addition
 NAME: **Max Saint-CYR**
 STREET ADDRESS: **707 Del Rio Way**
 CITY-ST-ZIP: **Kissimmee FL. 34758**

TITLE: **D** Delete
 NAME: **CASTIN, NAPOLD**
 STREET ADDRESS: **112 DULVERTONG WAY**
 CITY-ST-ZIP: **KISSIMMEE FL 34758**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **D** Delete
 NAME: **DUCLER, PIERRE**
 STREET ADDRESS: **820 CABARET CT**
 CITY-ST-ZIP: **POINCIANA FL 34759**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
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 STREET ADDRESS:
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TITLE: Change Addition
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TITLE: Delete
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 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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:

Max Saint-Cyr
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-04-02

Date

(407) 931-3512

Daytime Phone #

CR2E037 (9/01)