


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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90165 014 ****61.25

DOCUMENT # N01000008326

1. Entity Name
CHRISTIAN NEW VISION BAPTIST CHURCH OF FLORIDA I NC.



Principal Place of Business Mailing Address

**915 NE 125TH STREET
304
MIAMI FL 33161**

**P.O BOX 692986
MIAMI FL 33269**

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 **04-0566037** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JACQUET, REV. FENITON
5805 WAHINGTON STREET
#19
HOLLYWOOD FL 33023**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PIERRE, RONEL
STREET ADDRESS	6331 SW 35 CT.
CITY-ST-ZIP	MIRAMAR FL 33023
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	BEAUPLAN, VOLCY
STREET ADDRESS	252 NE 108TH ST.
CITY-ST-ZIP	MIAMI SHORES FL 33161
TITLE	D <input type="checkbox"/> Delete
NAME	DIEUJUSTE, FERTIL-F
STREET ADDRESS	6600 NW 25 CT.
CITY-ST-ZIP	SUNRISE FL 33313
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUY LACROIX
STREET ADDRESS	770 N.E 128TH # 303
CITY-ST-ZIP	N. MIAMI, FL 33161
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMELIA JOHNSON
STREET ADDRESS	524 NW 112 ST.
CITY-ST-ZIP	MIAMI, FL 33168
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *FERTIL-F DIEUJUSTE* 01-28-03 954-747-5207

CR2E037 (10/02)