

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

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

04-28-2003 90486 049 \*\*\*\*75.00

**DOCUMENT # N02000001981**

1. Entity Name  
**HOUSE OF GOD BY FAITH PENTACOSTAL CHURCH INC**



Principal Place of Business  
**1941 SUNSET PLACE  
FT MYERS FL 33901**

Mailing Address  
**1941 SUNSET PLACE  
FT MYERS FL 33901**

**55041216**



☐ CHECK HERE IF MAKING CHANGES

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

**03-0423014**

☒ 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

Name

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

City

**FL**

Zip Code

**ANTOINE, ERNST  
1941 SUNSET PLACE  
FT MYERS FL 33901**

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 **D** ☐ Delete  
NAME **ANTOINE, ERNST**  
STREET ADDRESS **2205 SOUTH STREET**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **Vice President / Deacon** ☐ Change ☒ Addition  
NAME **JOREL Simon**  
STREET ADDRESS **2030 GROVE AVE**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Delete  
NAME **ANTOINE, MARIE J**  
STREET ADDRESS **2205 SOUTH STREET**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **MANAGING DIRECTOR** ☐ Change ☒ Addition  
NAME **Ferdinand Eddy**  
STREET ADDRESS **2429 MORENO AVE**  
CITY-ST-ZIP **Fort Myers Florida 33901**

TITLE **D** ☒ Delete  
NAME **CHATELIER, CHRYSOTOME**  
STREET ADDRESS **2205 SOUTH STREET**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **Vice Managing Director** ☐ Change ☒ Addition  
NAME **Christine Veckine**  
STREET ADDRESS **2033 MARAVILLA CIRCLE**  
CITY-ST-ZIP **FT MYERS Florida 33901**

TITLE **D** ☐ Delete  
NAME **PIERRE, ISAAC**  
STREET ADDRESS **2033 MARAVILLA CIRCLE**  
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **Pastor** ☐ Change ☒ Addition  
NAME **LEON DALE**  
STREET ADDRESS **2429 MORENO AVE**  
CITY-ST-ZIP **Fort Myers FL 33901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**ERNEST ANTOINE**

**04-26-03**

**334 3348  
239-3370136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)