

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

05-01-2003 90172 034 ****70.06

DOCUMENT # N02000007809

1. Entity Name

EGLISE BETHEL VALLEE DE BENEDICTION, INC.



Principal Place of Business

**6900 SILVER STAR RD
STE 206-A
ORLANDO FL 32818**

Mailing Address

**6900 SILVER STAR RD
STE 206-A
ORLANDO FL 32818**

55056368

2. Principal Place of Business

3. Mailing Address

☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEJ Number

65-1004469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BOYER, JULIEN J
409 REGAL DOWNS CIRCLE
WINTER GARDEN FL 34787**

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

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

After September 10, 2003, min will be \$236.25

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 **P** ☐ Delete
NAME **BOYER, JULIEN J**
STREET ADDRESS **409 REGAL DOWNS CIRCLE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **VP** ☒ Change ☐ Addition
NAME **CARIDAD BOYER**
STREET ADDRESS **409 REGAL DOWNS CIR**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE **VP** ☒ Delete
NAME **DESCARDES, JEAN**
STREET ADDRESS **6675 WHIRLAWAY CIR**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **S** ☒ Change ☐ Addition
NAME **SAINT SAUVEUR WADSENE ANOZAR**
STREET ADDRESS **6200 RALEIGH ST APT 409**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **TR** ☒ Delete
NAME **PREVILUS, JEAN N**
STREET ADDRESS **6906 COLONY OAK LANE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **TR** ☒ Change ☐ Addition
NAME **PIERRE LINDOR**
STREET ADDRESS **409 Regal Downs**
CITY-ST-ZIP **Winter Garden FL 34787**

TITLE **S** ☒ Delete
NAME **SEVERE, MAGALIE**
STREET ADDRESS **POBOX 550365**
CITY-ST-ZIP **ORLANDO FL 32855**

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-03 407-822-9150
Date Daytime Phone #

CP2E037 (4/03)