2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90124 040 ****70.00

DOCUMENT # N03000004137

1. Entity Name
FLAMME CELESTE CHURCH, INC.

Principal Place of Business
6033 KIMBERLY BLVD
NORTH LAUDERDALE, FL 33360

Mailing Address
~~PO BOX 382248~~
~~MIAMI, FL 33238-2248~~

04012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
5441 N. STATE RD 7
Suite, Apt. #, etc.
City & State TAMARAC, FL
Zip 33319 Country Broward

3. Mailing Address
5441 N. STATE RD 7
Suite, Apt. #, etc.
City & State TAMARAC, FL
Zip 33319 Country Broward

4. FEI Number 59-3762336 | Applied For | Not Applicable

5. Certificate of Status Desired | $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LINDOR, MICHAEL REV PAS
5605 NW 50 AVE
TAMARAC, FL 33312

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 ______________________

Filing Fee is $61.25
Due by May 1, 2004

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	NAME	STREET ADDRESS	CITY ST ZIP	Delete
DP	LINDOR, MICHAEL	6033 KIMBERLY BLVD	NORTH LAUDERDALE, FL 33360	☐
DV	JOSEPH, MARLEINE	6033 KIMBERLY BLVD	NORTH LAUDERDALE, FL 33360	☐
DT	CALIXTE, FRITZ	6033 KIMBERLY BLVD	NORTH LAUDERDALE, FL 33360	☒
DS	PRUDENT, EUGENE	6033 KIMBERLY BLVD	NORTH LAUDERDALE, FL 33360	☐
D	MEDARD, JOSETTE	6033 KIMBERLY BLVD	NORTH LAUDERDALE, FL 33360	☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	Change	Addition
				☐	☐
				☐	☐
	JEANNE ETIENNE	5605 NW 50 AVE TAMARAC	FL 33319	☐	☐
				☐	☐
				☐	☐
				☐	☐

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: Michael Lindor [signature] 04-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR