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

**FILED**
**Jul 22, 2005 8:00 am**
**Secretary of State**
06-23-2005 90002 002 *****8.75
06-23-2005 90002 001 ****61.25

6/
6/

DOCUMENT #
1. Entity Name N04000011466
The Evangelical Alliance Church

**DO NOT WRITE IN THIS SPACE**

66024968

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 16140 NE 18 AVE | 17890 W. Dixie Hwy |
| Suite, Apt. #, etc. Fulford Elementary school | Suite, Apt. #, etc. 118 |
| City & State North Miami Beach | City & State North Miami Beach |
| Zip 33162 Country Florida | Zip 33160 Country FL. |

4. FEI Number 04-3747122 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rev. Samuel Jeremie
Street Address (P.O. Box Number is Not Acceptable) 17890 W. Dixie Hwy #118
City North Miami Beach Florida 33160 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 REV. SAMUEL JEREMIE 5/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| FEE IS $61.25 Initial or Amended UBR | 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 | Rev. Samuel Jeremie 17890 W. Dixie Hwy #118, NMB FL 33160 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms Guilaine Victa Adam 20002 NE 6th Court circle, NMB FL. 33179 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms Anne Senatus 540 NW 4th Ave. Apt. 2609 Ft. Lauderdale FL. 33311 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mr Enock Dumornay 1471 NE 152 St. NMB, FL 33162 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms Adline Laguerre 1045 NW 155 Lane #207 Golden Glades FL. 33169 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ms Josette Belotte 18801 NE 14 Ave NMB-FL. 33162 |

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Mr Noel Desir 800 North Andrews Avenue Apt D. Ft. Lauderdale, FL. 33311 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | **DO NOT WRITE IN THIS SPACE** |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

THE EVANGELICAL CHURCH OF ALL
17890 W Dixie Hwy
North Miami Beach FL 33160
Phone 305 937-4841
PASTOR SAMUEL JEREMIE