

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90175 019 ****61.25

DOCUMENT # N04000011655

1. Entity Name
**FIRST UNITED EVANGELICAL CHURCH OF BRETHREN,
INC.**



Principal Place of Business
**1001 NW 6TH ST
POMPANO BEACH, FL 33060**

Mailing Address
**4099 NW 4TH CT
DEERFIELD BEACH, FL 33442**

40034106



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2446552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JEAN-PIERRE, JOEL
101 NW 6TH ST.
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JEAN-PIERRE, JOEL REV.
STREET ADDRESS	1001 NW 6TH ST
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	STD
NAME	PIERRE, JOCELYNE C
STREET ADDRESS	4970 SW 7TH ST.
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	VD
NAME	JEAN-PIERRE, LENA
STREET ADDRESS	4970 SW 7TH ST.
CITY-ST-ZIP	MARGATE, FL 33068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joel - Pierre, Joel

04/14/2006