#### 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT # N21275

MISSION L'EGLISE DE JESUS CHRIST, INC.



400001110 Principal Place of Business Mailing Address CHURCH OF JESUS CHRIST SABBATH KEEPING CHURCH OF JESUS CHRIST SABBATH KEEPING **1045 26TH STREET 1045 26TH STREET** 32805D0, FL 32805 ORLANDO, FL 32802 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2820349 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NERCIUS, CINCYRE Street Address (P.O. Box Number is Not Acceptable) **TULANE DR 534** ALTAMONTE SPRINGS, FL 32714 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 (NOTE: Registered Agent signature regulred when reinstating) name of registered agent and title if applicable. Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11 ☐ Change ☐ Addition TITLE Delete TITLE NERCIUS, CINCYR NAME NAME 1045 26TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CiTY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition JESUMONT, JEAN BAPTISTE NAME NAME STREET ADDRESS 1043 1/2 26TH STREET STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP ORLANDO, FL ☐ Change ☐ Addition ☐ Detete TITLE TITLE LUCATE, MARIE NAME NAME STREET ADDRESS **1045 26TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32805 PΩ Delete TITLE Change Addition TITLE LUC, SERAPHINE NAME NAME STREET ADDRESS STREET ADDRESS 1045 26TH STREET ORLANDO, FL 32805 CITY-ST-ZIP CITY-ST-71P ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

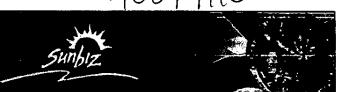
NAME

STREET ADDRESS CITY-ST-ZIP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 08, 2008 8:00 am Secretary of State

05-08-2008 90011 041 \*\*\*\*61.25



Home

Contact Us

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

**E-Filing Services** 

**Document Searches** 

Forms

ŀ

# **Annual Report Online Filing**

Please review the filing for accuracy and the fee to file. If you need to make corrections your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' but again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refund

**Document Number** 

N21275

**Business Entity Name** 

MISSION L'EGLISE DE JESUS CHRIST, INC.

**FEI Number** 

592820349

**FEI Number Status** 

Certificate of Status Desired No.

**Election Campaign Financing Trust Fund** 

No

#### **Principal Place of Business**

Address

**CHURCH OF JESUS CHRIST SABBATH** 

Suite, Apt. #, etc.

1045 26TH STREET

City, State

32805DO, FL

Zip Code & Country 32805 US

# Mailing Address

Address

CHURCH OF JESUS CHRIST SABBATH

Suite, Apt. #, etc.

1045 26TH STREET

City, State

ORLANDO, FL

Zip Code & Country 32802 US

# Name And Address of Registered Agent

Name (Last, First, Middle,

**NERCIUS, CINCYRE** 

Address

**TULANE DR 534** 

City, State

ALTAMONTE SPRINGS.

Zip Code & Country

32714 US

# Officer/Director Name And Address

PD

**NERCIUS, CINCYR** 

**1045 26TH STREET** 

JESUMONT, JEAN

ORLANDO, FL

LUCATE, MARIE

1043 1/2 26TH STREET

ORLANDO, FL

#### Name And Address #1

Name (Last, First, Middle,

**Street Address** 

City, State

**Zip Code & Country** 

#### Name And Address #2

Name (Last, First, Middle,

**Street Address** 

City. State

Zip Code & Country

#### Name And Address #3

Title

Name (Last, First, Middle,

**Street Address** 

1045 26TH STREET City, State ORLANDO, FL

Zip Code & Country

32805

#### Name And Address #4

Title

PD

Name (Last, First, Middle,

LUC, SERAPHINE **Street Address 1045 26TH STREET** City, State ORLANDO, FL

32805

Zip Code & Country

# Name And Address #5

Name (Last, First, Middle,

LUCATE, MARIE **1045 26TH STREET** ORLANDO, FL

City, State Zip Code & Country

Street Address

32805

Title

S

Officer/Director

MARIE

Continue

Home Contact us Document Searches E-Filing Services Forms Help Copyright and Privacy Policies Copyright © 2007 State of Florida, Department of State.

www.sunbiz.	org - Department	of State	TACHMENT	400991	Page 1 of 1
	A DEPARTME ON OF CORPO	NT OF STATE DRATIONS	Sunbiz		
Home	Contact Us	E-Filing Services	Document Sea	rches F	orms H
Annual Report Online Filing					
Document	Tracking # 600	120673556			
Document	Number # N21	275			
The charge	amount for your f	iling \$61.25			
Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.					
In order to complete this transaction you must select one of the payment options listed					
If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment screen to charged for this filing.					
		Ch	edit Card Payment	]	-
report usin	g your account. If		established <u>Sunbiz E</u> t number and passwo ill be charged.		
		Sunbiz E-file account		Ì	
		Password			
19 - 1944	-	E-mail Addres	s		
		Sunbiz	E-file Account Payment	4.1	
Amendant to the second of the					

Home Contact us Document Searches E-Filing Services Forms Help Copyright and Privacy Policies
Copyright © 2007 State of Florida, Department of State.