

2000 UNIFORM BUSINESS REPORT (UBR)

6/20/00-90014-022-\$70.00-\$70.00

DOCUMENT # N41015
 1. Entity Name.
EGLISE DE DIEU DU CALVAIRE, INC.

(R)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 16 PM 6:31

Principal Place of Business Mailing Address
 1339 W WASHINGTON ST P.O. BOX 555133
 1A ORLANDO FL 32855-5133
 ORLANDO FL 32805 US
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 1339 Washington St P.O. Box 555133
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Orlando, FL Orlando

City & State City & State
 Florida 32855 Florida

4. FEI Number Applied For
 59-3045226 Not Applicable

Zip Country Zip Country
 32855 Orange 32855-5133 U.S.

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

6. Name and Address of Current Registered Agent
~~JEAN-MARIE, PASTEUR~~
~~291 SCOTTISH SQUARE~~
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent
 Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
Same **Same**
 City **Same** FL Zip Code

*I was in Haiti
 Every thing remain the same*

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.
 SIGNATURE: *Ernest Rene* *Ernest Rene* (407) 649-6555 6-12-00
 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**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D JEAN-MARIE, PASTEUR 291 SCOTTSDALE SQUARE ORLANDO FL 32792	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-MARIE, ESTHER 291 SCOTTISH SQUARE WINTER PARK FL 32792	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORTILUS, ELENNE 5849 ELON DR. ORLANDO FL 32808	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENE, ERNIST 7738 RAVANA DRIVE ORLANDO FL 32822	Delete <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ernest Rene* **REQUIRED** *Ernest Rene* 6-12-00 407 649-6555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

AD