

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2001 8:00 am
Secretary of State

06-21-2001 90002 025 ****61.25

DOCUMENT # N41015

1. Entity Name

EGLISE DE DIEU DU CALVAIRE, INC.

Principal Place of Business

1339 W WASHINGTON ST
 ORLANDO FL 32805
 US

Mailing Address

P.O. BOX 555133
 ORLANDO FL 32855
 US

2. Principal Place of Business

Same

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3045226

Applied For

Not Applicable

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

None

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.

SIGNATURE

Signature, type 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **JEAN-MARIE, PASTEUR**
 CITY-ST-ZIP **291 SCOTTSDALE SQUARE
 ORLANDO FL 32792**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JEAN-MARIE, ESTHER**
 CITY-ST-ZIP **291-SCOTTISH SQUARE
 WINTER PARK FL 32792**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FORTILUS, ELIENNE**
 CITY-ST-ZIP **5849 ELON DR.
 ORLANDO FL 32808**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RENE, ERNIST**
 CITY-ST-ZIP **7736 RAVANA DRIVE
 ORLANDO FL 32822**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE REQUIRED

5/10/01 1407649-6555

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CR2E037 (10/00)