

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90150 043 ****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

975790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2520 W colonial Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Florida

4. FEI Number

59-3045226

Applied For

Not Applicable

Zip

32805

Country

Orange

Zip

Country

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

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. 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

After September 13, 2002,
 min. will be \$236.25.

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

SIGNATURE REQUIRED

7/28/02

CR2E037 (4/02)