

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 Mailing Address
1339 W WASHINGTON ST **P.O. BOX 555133**
ORLANDO FL 32805 **ORLANDO FL 32855**
US **US**

975790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2520 W Colonial Dr

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Orlando **Florida**

4. FEI Number Applied For
59-3045226 Not Applicable

Zip Country Zip Country
32805 **Orange**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	JEAN-MARIE, PASTEUR	
STREET ADDRESS	291 SCOTTSDALE SQUARE	
CITY-ST-ZIP	ORLANDO FL 32792	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEAN-MARIE, ESTHER	
STREET ADDRESS	291 SCOTTISH SQUARE	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORTILUS, ELIENNE	
STREET ADDRESS	5849 ELON DR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENE, ERNIST	
STREET ADDRESS	7736 RAVANA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** 7/28/02

CR2E037 (4/02)