

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003062

1. Entity Name

EGLISE DE DIEU EVANGELIQUE CHURCH OF GOD, INC.



**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90078 002 \*\*\*\*61.25

Principal Place of Business

12800 N.E. 6TH AVE.  
NORTH MIAMI FL 33161

Mailing Address

12800 N.E. 6TH AVE.  
NORTH MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, MARIE J  
12800 NE 6 AVENUE  
NORTH MIAMI FL 33161

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **RAPHAEL, SIMON PASTOR**  
STREET ADDRESS **121 NE 110TH ST.**  
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☒ Addition  
NAME **Simon Marc Daniel**  
STREET ADDRESS **740 N.E 160 Terrace**  
CITY-ST-ZIP **MIAMI FL 33162**

TITLE **VD** ☐ Delete  
NAME **SIMON, MIREILLE**  
STREET ADDRESS **12 NE 157TH ST**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **VD** ☐ Delete  
NAME **VIL, GLADYS**  
STREET ADDRESS **851 NE 158TH STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **TD** ☐ Delete  
NAME **PETIT-FRERE, JEAN**  
STREET ADDRESS **729 NW 145TH STREET**  
CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **ATD** ☐ Delete  
NAME **PIERRE, ALOURDES**  
STREET ADDRESS **1258 NE 112TH STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

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

TITLE **SD** ☐ Delete  
NAME **THOMAS, MARIE J**  
STREET ADDRESS **470 NE 103RD STREET**  
CITY-ST-ZIP **MIAMI FL 33161**

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)(f), 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**

*Rev. Raphael Simon Pastor*

CR2E037 (4/03)