2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State
03-09-2000 90067 001 ****61.25
03-09-2000 90067 002 *****8.75

DOCUMENT # N94000001555

1. Entity Name

EGLISE BAPTISTE DE LA RECONCILIATION, INC.

Principal Place of Business	Mailing Address
5443 N. STATE RD. 7 BOX 14 TAMARAC FL 33321	5443 N. STATE RD. 7 BOX 14 TAMARAC FL 33319-2954

***Y369

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
SAME	SAME
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State SAME	City & State SAME
Zip 33321 Country Brw.	Zip SAME Country SAME

4. FEI Number 65-0365296 ☐ 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
JEAN-LOUIS, FRANTZ REV 5290 S.W. 8TH STREET MARGATE FL 33068	Name SAME Street Address (P.O. Box Number is Not Acceptable) SAME City SAME **FL** Zip Code 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 _____
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JEAN-LOUIS, FRANTZ REV. 5290 S.W. 8TH STREET MARGATE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEACON ROMELUS ELIEZER 3108 BAYRY WAY MARGATE FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELONY, ISAAC 1907 S.W. 81 TERRACE NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CADET TOUSSAINT, MARIE 6300 S.W. 9TH PLACE NORTH LAUDERDALE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEAN-LOUIS, MARIE 5290 S.W. 8TH STREET MARGATE FL 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DARGINSON, LISETTE 5748 N.W. 31 AVE #102 FT. LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CAYARD, ULRICK 19704 HAMPTON DRIVE BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 _____ 01-10-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #