

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90181 002 \*\*\*\*61.25

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DOCUMENT # N94000001647

1. Entity Name

PENUEL EVANGELICAL CHURCH OF DELRAY BEACH, INC.



Principal Place of Business

SABAL LAKE RD.  
DELRAY BEACH FL 33445  
US

Mailing Address

724 AVENUE CHAUMONT  
DELRAY BEACH FL 33445  
US

2. Principal Place of Business

SABAL LAKE RD

3. Mailing Address

724 Avenue Chaumont

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Delray Beach

Zip

33445

Country

FL

Zip

33445

Country

FL

4. FEI Number 65-0534382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ELMEUS, MODESTIN PASTOR  
724 AVENUE CHAUMONT  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name Pastor Modestin Elmeus

Street Address (P.O. Box Number is Not Acceptable)

724 Avenue Chaumont

City

Delray Beach

FL

Zip Code

33445

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

Pastor Modestin Elmeus

3/26/03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELMEUS, MODESTIN	
STREET ADDRESS	724 AVENUE CHAUMONT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACCILLEN, PARVILIEN	
STREET ADDRESS	101 SW 7TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTOINE, IFOCA	
STREET ADDRESS	724 AVENUE CHAUMONT	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUGUSTIN, ELMUS	
STREET ADDRESS	623 SW 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARC, MERITE	
STREET ADDRESS	319 SE 3RD AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	O	<input type="checkbox"/> Delete
NAME	MERUS, LERISSON	
STREET ADDRESS	12001 NW 12 AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33445 No more him	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Modestin Elmeus Pastor	
STREET ADDRESS	724 Avenue Chaumont	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marc Merite	
STREET ADDRESS	319 SE 3TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rochel Francois	
STREET ADDRESS	623 SW 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elmus AUGUSTIN	
STREET ADDRESS	710 SW 3th ST	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	parvillien Accilien	
STREET ADDRESS	1085 Ma MIAMI BLVRD	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ifossa Antoine	
STREET ADDRESS	710 SW 3TH ST	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	

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:

Modestin Elmeus

3/26/03 561638-2578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)