2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-31-2004 90013 021 ****71.00

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1. Entity Name

EGLISE EVANGELIQUE MARANATHA, INC.

Principal Place of Business	Mailing Address
7297 N.W. 2ND AVE. 525 NE 159 st N. MIAMI FL 33162 MIAMI FL 33150	7297 N.W. 2ND AVE. MIAMI FL 33150-3733

DO NOT WRITE IN THIS SPACE

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 65-0532377 ☐ 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
KELLEY, CHRISTOPHER P 11098 BISCAYNE BLVD. #205 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.

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	DP KINGSTON, GIERRIE 7297 NW 2ND AVE MIAMI FL 33150	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Guerrier Kingston 7297 NW 2nd Ave MIAMI FL. 33150	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MAXON, HYPOLYTE 2175 NE 169 ST #210 N. MIAMI BEACH FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Edmond Louis Marie 93 NE 59 st MIAMI FL. 33137	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ALMONOR, JEAN SMITH 565 N.W. 129 STREET N. MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Edith Laurent 13490 NE 6th Ave #104 N. MIAMI FL. 33161	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ETIENNE, FELICIA 2920 N.W. 100TH ST. MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Etienne Felicia 2920 NW 100 st MIAMI FL. 33147	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CLEHOMME, EDUARDO 9841 NW 23RD AVE MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC CleHomme Edguard 9841 NW 23rd Ave MIAMI FL. 33147	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC MERICIN, FRANCOIS 2920 NW 10 ST MIAMI FL 33147	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Mericin Francois 3260 NW 174 st MIAMI FL. 3367	☐ 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: _____ Guerrier Kingston President Director 3-20-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #