

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001142 (7)

1. Corporation Name

EVANGELICAL BAPTIST CHURCH OF JESUS CHRIST, INCORPORATED

Principal Place of Business
501 N.E. 13 ST
SUITE 13 ST
#5 & 6
FT LAUDERDALE FL 33304

Mailing Address
1637 NW 8 AVE
APT B
FT LAUDERDALE FL 33311



3. Date Incorporated or Qualified
03/09/1995

3a. Date of Last Report

4. FEI Number

65-0623457

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED

26 REV. CHARITE ETIENNE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 501 N.E. 13 ST #5, 7

27 1637 N.W. 8 AVE APT B

City & State

City & State

23 Fort Lauderdale Florida

28 Fort Lauderdale Florida

Zip

Country

Zip

Country

24 33304

25 U.S.A.

29 33311

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ETIENNE, CHARITE

1637 NW 8 AVE

APT B

FT LAUDERDALE FL 33311

81 Name
REV. CHARITE ETIENNE (President)

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

1637 N.W. 8 AVE APT B

83 Fort Lauderdale Florida 33311

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

02-27-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Secretary
NAME Dulivert mauricette
STREET ADDRESS 1045 N.E. 39 DR
CITY-ST-ZIP Oakland Park Florida 33334

1.1 TITLE Trustee
1.2 NAME Dulivert Mauricette
1.3 STREET ADDRESS 1045 NE 39 Drive
1.4 CITY-ST-ZIP Oakland Park, FL 33334

TITLE Treasurer
NAME Iliobert Jacques Silien
STREET ADDRESS 1208 N.E. 15 AVE
CITY-ST-ZIP Fort Lauderdale Florida 33304

2.1 TITLE Trustee
2.2 NAME Iliobert Jacques Silien
2.3 STREET ADDRESS 1208 NE 15 Avenue
2.4 CITY-ST-ZIP Ft Lauderdale, FL 33304

TITLE Vice President
NAME Wilson Garcon
STREET ADDRESS 2015 N.W. 9 Ave #A-7
CITY-ST-ZIP Ft Lauderdale, FL 33311

3.1 TITLE Trustee
3.2 NAME Wilson Garcon
3.3 STREET ADDRESS 2015 NW 9 Ave #A-7
3.4 CITY-ST-ZIP Ft Lauderdale, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on an attachment with an address.

SIGNATURE: Wilson Garcon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-28-96 (954) 463-7901

Date Daytime Phone

CR2E037 (12/95)