

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001142

1. Entity Name

EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90008 019 \*\*\*\*70.00

Principal Place of Business

1229 NE 9 AVE  
FT LAUDERDALE FL 33304  
US

Mailing Address

P O BOX 23573  
FT LAUDERDALE FL 33307-3573  
US

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

65-0623457

Applied For

Not Applicable

15. Certificate of Status Desired  
*Exempt / Certificate*

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ETIENNE, CHARITE REV.  
1641 N ANDREWS SQUARE  
FT LAUDERDALE FL 33311

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 reinstalling)

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 ☐ Delete  
T MAURICETTE, DULVERT  
STREET ADDRESS 1045 NE 39 DRIVE  
CITY-ST-ZIP OAKLAND PARK FL 33334

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

TITLE NAME ☐ Delete  
T SILIEN, ILOBERT JACQUES  
STREET ADDRESS 1208 NE 15 AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL 33304

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

TITLE NAME ☐ Delete  
T GARCON, WILSON  
STREET ADDRESS 2015 NW 9 AVE #A-7  
CITY-ST-ZIP FT LAUDERDALE FL 33311

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ 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)(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:

*Charite Etienne* CHARITE ETIENNE 01-17-00 (954) 463-7901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #