FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91766 001 ****61.25
05-28-2002 91766 002 *****8.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001142

1. Entity Name

EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED

Principal Place of Business	Mailing Address
~~1209 NE 6 AVE~~ 2921 N.E 6TH Ave ~~#57~~ Fort Lauderdale ~~FT LAUDERDALE FL 33304~~ Fl. 33334 ~~US~~	5216 N.E 3RD TERRRACE FORT LAUDERDALE FL 33334 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2921 N.E. 6TH Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILTON MANORS FL.	City & State
Zip: 33334 Country: U.S.A.	Zip / Country

4. FEI Number: 65-0623457 ☐ 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
ETIENNE, CHARITE REV. ~~1001 N ANDREWS SQUARE~~ ~~FT LAUDERDALE FL 33311~~ 5216 N.E. 3RD TERRACE, Fort Lauderdale Fl. 33334	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: Davilmar FRANCISQUE 02-02-02
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	T MAURICETTE, DULIVERT 1045 NE 39 DRIVE OAKLAND PARK FL 33334	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SILIEN, ILIOBERT JACQUES 1208 NE 15 AVENUE FT LAUDERDALE FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~GARCON, WILSON~~ ~~2015 NW 9 AVE #A-7~~ Impue ~~FT LAUDERDALE FL 33311~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DAVILMAR FRANCISQUE 3345 W 65TH Ave Margate Fl. 33068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: REQUIRED 02-07-02 (954) 925-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #