

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90018 003 \*\*\*\*70.00

**DOCUMENT # N95000001142**

1. Entity Name

**EVANGELICAL CHURCH OF JESUS CHRIST,  
INCORPORATED**



Principal Place of Business

Mailing Address

~~2921 NE 6TH AVENUE~~  
**WALTON MANORS FL 33334**  
US

**5216 N E 3RD TERRACE**  
**FORT LAUDERDALE FL 33334**  
US

**54026598**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

**2150 N.W.31st Ave**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Fort Lauderdale Fl.**

City & State

Zip  
**33311**

Country  
**Broward**

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

**ETIENNE, CHARITE REV.**  
**5216 NE 3RD TERRACE**  
**FORT LAUDERDALE FL 33334**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TRISCAMESIDOR, LOUIS** ☐ Delete  
**4101 N. ANDREWS AVE #303**  
**FORT LAUDERDALE FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**SILIEN, ILIOBERT JACQUES** ☐ Delete  
**1208 NE 15 AVENUE**  
**FT LAUDERDALE FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DAVILMAR, FRANCISQUE** ☐ Delete  
**3345 SW 65TH AVENUE**  
**MARGATE FL 33068**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03-03-04 (954) 484-5053**