

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000001142

1. Entity Name
**EVANGELICAL CHURCH OF JESUS CHRIST MINISTRIES,
INC.**



Principal Place of Business
**2150 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311 US**

Mailing Address
**2150 N.W. 31ST AVE
FORT LAUDERDALE, FL 33311 US**

DO NOT WRITE IN THIS SPACE



03182008 No Chg-NP

CR2E037 (4/06)

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.
6290 N.W. 31 WAY
FORT LAUDERDALE, FL 33309**

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IN THIS SPACE**

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)

03/18/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ETIENNE, CHARITE
STREET ADDRESS 6290 NW 31 WAY
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE SD
NAME SILIEN, ILIOBERT JACQUES
STREET ADDRESS 1208 NE 15 AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE TD
NAME DAVILMAR, FRANCISQUE
STREET ADDRESS 334 SE 65TH AVE.
CITY-ST-ZIP MARGATE, FL 33068

TITLE D
NAME DESLIEN, NICOLAS
STREET ADDRESS 2391 N.W. 72ND AVE
CITY-ST-ZIP SUNRISE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000870913
04/09/08-80109-017 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

03/18/08 (RS) 484-5053

DATE

Daytime Phone #