

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90122 001 \*\*\*\*\*8.75  
02-07-2003 90122 002 \*\*\*\*\*61.25

**DOCUMENT # N95000001142**

1. Entity Name

**EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED**



Principal Place of Business

Mailing Address

**2921 NE 6TH AVENUE  
WILTON MANORS FL 33334  
US**

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ETIENNE, CHARITE REV.  
5216 NE 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. 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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☒ Delete  
NAME **MAURICETTE, DULVERT**  
STREET ADDRESS **1045 NE 39 DRIVE**  
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE **T** ☒ Change ☐ Addition  
NAME **T. LOUIS TRISCAME Sidor**  
STREET ADDRESS **4101 N. Andrews AVE #303**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE **T** ☐ Change ☐ Addition  
NAME **DAVILMAR, FRANCISQUE**  
STREET ADDRESS **3345 SW 85TH AVENUE**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE **T** ☐ Delete  
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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 REQUIRED**

*[Signature]*

**02-03-03**

**(954) 564-7022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)