

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004144**

1. Entity Name

REHOBOTH ORLANDO GOSPEL ASSEMBLY, CORP.**FILED**
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91163 033 ****75.00

Principal Place of Business

SILVER PINES VILLAGE
5376
ORLANDO FL 32808
US

Mailing Address

6111 GAMBLE DR
ORLANDO FL 32808
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 **59-3389018**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

JEAN-BAPTISTE, THAMAS
6111 GAMBLE DR
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **N/A**

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 reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☒**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
THOMAS, JEAN BAPTISTE H ☐ Delete
6111 GAMBLE DR
ORLANDO FL 32808TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SAMEDI, MARIE A ☐ Delete
6111 GAMBLE DRIVE
ORLANDO FL 32808TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AUGURTE, GERARD ☐ Delete
5606 WARFIELD ST
ORLANDO FL 32808TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **THAMAS, JEAN-BAPTISTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)