

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-10-2003 90111 008 ****61.25

DOCUMENT # N95000004322

1. Entity Name

EGLISE EBEN-EZER D'ORLANDO INC.



Principal Place of Business

**2392 W CHURCH ST. REET
ORLANDO FL 32855**

Mailing Address

**P.O. BOX 550085
ORLANDO FL 32855
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3351309**

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

**JEAN, MAUREL
1547 DALY ST
ORLANDO FL 32808**

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

Maurel Jean

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

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 **PD** ☒ Delete
NAME **JEAN, MAUREL**
STREET ADDRESS **1547 DALY ST**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PD** ☒ Change ☒ Addition
NAME **JEAN, MAUREL**
STREET ADDRESS **1547 DALY ST CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☒ Delete
NAME **GERMAINE, PIERRE**
STREET ADDRESS **1547 DALY ST**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☒ Change ☐ Addition
NAME **Joseph saint Louis**
STREET ADDRESS **4009 Kilty Court**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VD** ☒ Delete
NAME **PAUL, GEORGEUL W**
STREET ADDRESS **2028 CRICKET DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **V.D.** ☒ Change ☐ Addition
NAME **SALNAVE JEAN**
STREET ADDRESS **7458 RADIANT Circle**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-03

Date

407,291-9830

Daytime Phone #

CR2E037 (10/02)