


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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90134 043 ****61.25

DOCUMENT # N95000005006

1. Entity Name
EL SHADDAI PRESBYTERIAN CHURCH, INC.



Principal Place of Business
**11303 NE 13TH AVENUE
MIAMI FL 33161**

Mailing Address
**13651 S BISCAYNE RIVER DR
MIAMI FL 33161**

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**ST. GERMAIN, JEAN DONY
13651 S. BISCAYNE RIVER DRIVE
MIAMI FL 33161**

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

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 | D | <input type="checkbox"/> Delete |
| NAME | ST GERMAN, JEAN D REV | |
| STREET ADDRESS | 13651 S BISCAYNE RIVER DR | |
| CITY-ST-ZIP | MIAMI FL 33161 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOSEPH, JUANACE | |
| STREET ADDRESS | 1860 NE 142 STREET, APT 7J | |
| CITY-ST-ZIP | MIAMI FL 33181 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BELHOMME, ANDRE | |
| STREET ADDRESS | 1520 NW 125 ST | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JEAN-BAPTISTE, FERNAND | |
| STREET ADDRESS | 1250 NW 125 ST | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Joseph, Jugnace | |
| STREET ADDRESS | 14060 Biscayne Blw. Apt-705 | |
| CITY-ST-ZIP | MIAMI, FL-33181 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **REQUIRED** **4/1/03** **305-891-8966**

CR2E037 (10/02)