

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90127 001 *****8.75
 03-08-2000 90127 002 ****61.25

DOCUMENT # N96000000916

1. Entity Name

EGLISE BAPTISTE DE SION, INC.

Principal Place of Business

Mailing Address

1631 NW 2 AVE
 FT LAUDERDALE FL 33311

1631 NW 2 AVE
 FT LAUDERDALE FL 33311-5501

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

65-0693375

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLD, TYLER A
6550 N FEDERAL HWY STE 330
FT LAUDERDALE FL 33308

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.

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	CLEDOR, NOLASQUE
STREET ADDRESS	1631 NW 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	CLEDOR, ILIANNA
STREET ADDRESS	1631 NW 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	D <input type="checkbox"/> Delete
NAME	ACCIUS, THOMAS
STREET ADDRESS	1423 NE 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	JEANNOT, ROSE
STREET ADDRESS	1123 NE 6 AVE., #6
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> Delete
NAME	CLEDOR, MARTIAL
STREET ADDRESS	4884 NW T ST
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	D <input type="checkbox"/> Delete
NAME	MICHELLE, GEORGE
STREET ADDRESS	0080 NW 22 ST
CITY-ST-ZIP	SUNRISE FL 33313

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	
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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolasque Cledor 03-6-2000

Date

Daytime Phone #

CR2E037 (9/99)