

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90318 001 ****61.25
 03-05-2002 90318 002 *****8.75

DOCUMENT # N96000000916

1. Entity Name

EGLISE BAPTISTE DE SION, INC.

Principal Place of Business

**1631 NW 2 AVE
 FT LAUDERDALE FL 33311**

Mailing Address

**1631 NW 2 AVE
 FT LAUDERDALE FL 33311**

16290



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0693375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~GOLD, TYLER A
 6550 N FEDERAL HWY, STE 330
 FT LAUDERDALE FL 33308~~ *Delete ✓*

Name **CLEDOR NOLASQUE, Pastor**
 Street Address (P.O. Box Number is Not Acceptable) **1631 N.W. 2 Ave**
Fort-Lauderdale
 City **FL** Zip Code **33311**

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 **NOLASQUE CLEDOR**

DATE **02-20-02**

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 checked="" type="checkbox"/> Delete
NAME	ACCUS, 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	4864 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		
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: **NOLASQUE CLEDOR**

DATE **02-20-02** (904) 768-0877

CR2E037 (9/01)