

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000006300**

1. Entity Name

CHRISTIAN BAPTISTE CHURCH OF CANAAN, INC.

Principal Place of Business

**274 NE 59 STREET
MIAMI FL 33138**

Mailing Address

**213 N.E. 107TH STREET
MIAMI FL 33161**

2. Principal Place of Business

5880 N-E Hth AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

Country

Zip

Country

33137

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, REPHA
14115 NE 7TH AVE
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.

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	PC	<input type="checkbox"/> Delete
NAME	DESENTANT, JOSEPH	
STREET ADDRESS	274 N.E. 59 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	AP	<input type="checkbox"/> Delete
NAME	CHARLES, MILIEN JEAN	
STREET ADDRESS	274 NE 59TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOSEPH, OSLER	
STREET ADDRESS	274 NE 59 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOSEPH, MARIE C	
STREET ADDRESS	274 NE 59 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, REPHA	
STREET ADDRESS	14115 NE 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALVADOR, ULRICK	
STREET ADDRESS	175 N.W. 75 STREET	
CITY-ST-ZIP	MIAMI FL 33150	

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	<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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

41-4-02

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90045 039 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)