

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

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

02-28-2003 90169 043 ****70.00

DOCUMENT # N96000006300

1. Entity Name

CHRISTIAN BAPTISTE CHURCH OF CANAAN, INC.



Principal Place of Business

5880 NE 11TH AVE
MIAMI FL 33137

INCORRECT ADDRESS

Mailing Address

213 N.E. 107TH STREET
MIAMI FL 33161

10029358



2. Principal Place of Business

5880 NE 4th AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33137

Country

Zip

Country

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 **OSLER JOSEPH**

Street Address (P.O. Box Number is Not Acceptable)

213 NE 107 St

City **MIAMI FL**

FL

Zip Code

33161

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	PC	<input type="checkbox"/> Delete
NAME	DESENTANT, JOSEPH	
STREET ADDRESS	274 N.E. 59 STREET	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	AP	<input checked="" 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 checked="" 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	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESENTANT JOSEPH	
STREET ADDRESS	314 NE 115 St MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE R SALVADOR	
STREET ADDRESS	1110 NW 136 St MIAMI FL 33168	
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSLER JOSEPH	
STREET ADDRESS	213 NE 107 St MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIE, C. JOSEPH	
STREET ADDRESS	213 NE 107 St MIAMI 33161	
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVE OGE	
STREET ADDRESS	711 NE 137 St MIAMI FL 33161	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVADOR ULRICK	
STREET ADDRESS	1110 NW 136 St MIAMI FL 33168	
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: **OSLER JOSEPH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-03 305-932-2100

CR2E037 (10/02)