

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90211 030 ****61.25

DOCUMENT # N97000001105

1. Entity Name

EL SHADDAI MISSIONARY PRESBYTERIAN CHURCH IN AMERICA INC.

Principal Place of Business

**1504 42ND STREET NW
WINTER HAVEN FL 33880**

Mailing Address

**P. O. BOX 2779
WINTER HAVEN FL 33838**

2. Principal Place of Business

1508 42ND STREET N.W.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Zip

Country

33880

FLA

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

7. Name and Address of New Registered Agent

**JEAN-BART, LEOPOLD
6034 LAKE RUTH DRIVE WEST
DUNDEE FL 33838**

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 ☐ Delete
NAME **D**
JEAN-BART, LEOPOLD
STREET ADDRESS **6034 LAKE RUTH DRIVE WEST**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
SAINT GERMAIN, MARIE SHELLA
STREET ADDRESS **6012 LAKE RUTH DRIVE WEST**
CITY-ST-ZIP **DUNDEE FL 33838**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
ETIENNE, ESAIE
STREET ADDRESS **200 AVENUE K S.E., #200**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Leopold Jean Bart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/2002

Date

(863) 434 0929

Daytime Phone #

CR2E037 (9/01)