

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

06-09-2003 90109 036 *****61.25
N97000001317

DOCUMENT # N97000001317

1. Entity Name

TEMPLE DU SAINT ESPRIT DE DIEU CORP.



FILED

03 OCT 27 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8051 NE 2ND AVE
MIAMI FL 33138

Mailing Address

P.O. BOX 530535
MIAMI FL 33153

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 59-3523592

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MACK, J D
9820 NW 7TH AVE
MIAMI FL 33150

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRANCOIS, JEAN DANIEL
STREET ADDRESS 2626 NW 60 WAY
CITY-ST-ZIP SUNRISE FL 33313

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME HENRI, PIERRE A
STREET ADDRESS 1353 NE 11TH ST
CITY-ST-ZIP MIAMI FL 33161

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME DUCLOS, MARIE
STREET ADDRESS 85 NE 131 STREET
CITY-ST-ZIP MIAMI FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME ZAMOR, MARIE E
STREET ADDRESS 149 NW 88 STREET
CITY-ST-ZIP MIAMI FL 33150

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE M
NAME DESTIN, ELYNE
STREET ADDRESS 17601 NW 32 COURT
CITY-ST-ZIP OPA LOCKA FL 33056

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

4/22/03

Date

Daytime Phone #

305-891-0148

CR2E037 (10/02)