FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9700005770

UNIQUE CHRISTIAN MISSIONARY COMMITTED TO EXCELLE NCE, INC.

Principal Place of Business 539 WEST MELROSE CIRCLE FT LAUDERDALE FL 33312

2. Principal Place of Business

Mailing Address

2a. Mailing Address

539 WEST MELROSE CIRCLE FT LAUDERDALE FL 33312

FILED May 10, 1999 8:00 am Secretary of State

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3. Date Incorporated or Qualifed

10/13/1997

21 3625	NW 31 AVENUE	26 P.O. BOX 4	224		10/13/1997			
Suite, Apt.		Suite, Apt. #, etc.			4. FEI Number	<u> </u>	lied For	
22		27			65-0791754		Applicable	
City & State		City & State			5. Certificate of Status Desired	\$8.75 A		
23 FORTL	FORTLAUDERDALE FL 3330 28 FORTLAUDERDAL			FLORIDA. Fee N		Fee Rec	quired	
Zip	Country	Zip 33338	Country	WARD	6. Election Campaign Financing	\$5.00	• ;	
24 33309	25 PROWARD	29 33330 3	o Dice	MAND	Trust Fund Contribution	Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
I	-		Name					
GOLUBSKI, ROBERT L				82 Street Address (P.O. Box Number is Not Acceptable)				
1001 W CYPRESS CREEK RD								
STE 410, EXEC OFFICE PK			83					
FT LAUDERDALE FL 33309-1951			84	City		85 Zip C	ode	
				,	F <u>\</u>	-		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AT	Change	Addition	
TITLE	PD	☐ DELETE	1.1 TITLE		MARIE LOUIMENE PIERRE	☐ Change	Addition	
NAME	DUMAINE, RIVEL		1.2 NAME	1.	2541 NW 39th Terrace		j	
STREET ADDRESS	1020 NORTHEAST 7TH AVENUE	#16	1.3 STREE	TADDRÉSS				
CITY-ST-ZIP	FT LAUDERDALE FL 33304		1.4 CITY-S	T-ZIP 1	<u>lauderhill,FLORIDA 333</u>	13	5 A at 2545	
TITLE	VD	DELETE	2.1 TTTLE	1	VD 2nd	Change	Addition	
NAME	DUMAINE, MERITE		2.2 NAME	i	ANITES GEORGES			
STREET ADDRESS	539 WEST MELROSE CIRCLE		2.3 STREE	TADDRESS .	SOMERT SETDRIVE APT P	210		
CITY-ST-ZIP	FILAUDERDALE FL 33312		2. 4 CITY-1	ST-ZIP]	LAUDERDALE LAKES, FLO	33311		
TITLE	₹D	DELETE	3.1 TITLE		SD	Change	Addition	
NAME	DUMAINE, MARIE P	•	3.2 NAME		SAINTELES LOUIS JEUNE			
STREET ADORESS	539 WEST MELROSE CIRCLE	•	3.3 STREE		1700NW 6 AVENUE			
CITY-ST-ZIP	FT LAUDERDALE FL 33312		3.4. CITY-1	ST-ZIP	FORTLAUDERDALE, FLORII			
TITLE		☐ DELETE	4.1 TITLE	'	TD	Change	Addition	
NAME			4.2 NAME	, (CLAUDETTE BENOIT			
STREET ADDRESS			4.3 STREE		520 NW 14 AVENUE			
CITY-ST-ZIP			4.4 CITY-5		FORTLAUDERDALE, FLORII	DA_ 3331		
TITLE		☐ DELETE	5.1 TITLE		D/ASST TREASURER	Change	Addition	
NAME			5.2 NAME	1 1	NICOLE DELAY			
STREET ADDRESS			5.3 STREE	TADORESS	540 NW 4th AVENUE AT	3416		
CITY-ST-ZIP			5.4 CITY+8	ST-ZIP	FORTLAUDERDALE, FLORIT) <u>Λ. 333</u> 1	1_/	
TITLE		☐ DELETE	6.1 TITLE		ASSISTANT TREASURER/ME	MBERGE	Addition	
NAME			6.2 NAME	1 1	DENO GENESTANT			
STREET ADDRESS			6.3 STREE	TANDDECCI	1125 NW 15th PLACE			
CITY-ST-ZIP			6.4 CITY-8		IIZO NW IOUN PLACE FORTHAUDERDALE, FLORII	וכככ גו	1	
CITT-ST-ZIP					EORTHAUDERDATES - FLORTI	/#3.3.3 3		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. Fluriner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arr 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 12 or Block 13 is changed, or on an attachment with an address, with all other like empowered.

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ADDITIONAL DIRECTORS OR MEMBERS

TITLE: ASSISTANT TREASURE /MEMBER MARIE FLEUR AIME 1227 NW 5th AVENUE FORTLAUDERDALE, FLORIDA 33311

TITLE: MEMBER DIRECTOR
JAMES PROPHETE
1213 NW 19CT
FORTLAUDERDALE, FLORIDA 33311

TITLE MEMBER DIRECTO OCTAVIEN MAURICE 1227 NW 5th AVENUE FORTLAUDERDALE, FLORIDA 33311

TITLE: MEMBER DIRECTOR
REGNIER VILTINOR
100 NW 8ST APT 10
FORTLAUDERDALE, FLORIDA 33311
TITLE: MEMBER DIRECTO
CAMNER DALIEN 7118 HAYTT AVENUE
7118 HAYTT AVENUE
LANTANA, FLORIDA 33311

TITLE: MEMBER DIRECTOR
MIGUEL ANDRE GARCON
2318 PERSHING ST BUILDING 14 APT 2
HOLLYWOOD, FLORIDA 33020
TITLE: MEMBER DIRECTOR
HERMANE HONORAT
3760 SW 1ST APT 5
FORTLAUDERDALE, FLORIDA 33312

TITLE: MEMBER DIRECTOR ELRY LAGUERRE 1190 N STATE RD 7 APT 118 LAUDERHILL, FLORIDA 33313

TITLE: MEMBER DIRECTOR CLAUDY ALEXANDRE 1016 NE 17 CT APT 1 FORTLAUDERDALE, FLORIDA 33305

TITLE: MEMBER DIRECTOR DANES ELIODOR 1815 NW 55 AVENUE LAUDERHILL, FLORIDA 33313