

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90002 012 ****75.00

DOCUMENT # N98000000504

1. Entity Name

Christian Unity Baptist Church
Inc.

Principal Place of Business

3318 W 27th Ave

Mailing Address

4230 NW 44th St.

Ft. Laud - FL 33312

Laud Lakes FL 33319

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

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

Rodrigue Noel
4230 NW 44th St.
Laud Lakes - FL 33319

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

Rodrigue Noel Pastor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-2-01

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 NAME ☐ Delete
PASTOR Rodrigue Noel
STREET ADDRESS 4230 NW 44th St.
CITY-ST-ZIP Laud Lakes - FL 33319

TITLE NAME ☐ Change ☒ Addition
Adviser Flora Julien
STREET ADDRESS 1345 NW 7th Ave
CITY-ST-ZIP Ft. Laud. FL 33311

TITLE NAME ☐ Delete
Deacon Elan Noel
STREET ADDRESS 5045 SW 10th
CITY-ST-ZIP Margate - FL 33

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
Secretary Julianne Munier
STREET ADDRESS 1400 NE 5th Apt. 4
CITY-ST-ZIP Ft. L. FL 33301

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
Treasurer Israelite Noel
STREET ADDRESS 4230 NW 44th St.
CITY-ST-ZIP Laud Lakes - FL 33319

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
Deacon Kilinor Philistin

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
Assistant treasurer
STREET ADDRESS Odette Philistin

TITLE NAME ☐ 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: Rodrigue Noel Rodrigue Noel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-01 (954) 484-9860

Date

Daytime Phone #

CR2E037 (11/00)