

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N98000000641**

1. Entity Name.

**PREMIERE EGLISE BAPTISTE EBEN-EZER D'ORLANDO, IN**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90412 031 \*\*\*\*61.25

|   |  |
|---|--|
| Principal Place of Business<br><b>3403 N PINE HILLS RD<br/>ORLANDO FL 32808</b> | Mailing Address<br><b>3403 N PINE HILLS RD<br/>ORLANDO FL 32808-2835</b> |
|---|--|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-3507988</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

**6. Name and Address of Current Registered Agent**

**MICHAUD, PIERRE A**  
**1906 WEST LEE ROAD**  
**ORLANDO FL 32810**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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**

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>MICHAUD, PIERRE A</b>                 |
| STREET ADDRESS | <b>1906 WEST LEE ROAD</b>                |
| CITY-ST-ZIP    | <b>ORLANDO FL 32810</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>DIogene, FALETH</b>                   |
| STREET ADDRESS | <b>4820 DONOVAN STREET</b>               |
| CITY-ST-ZIP    | <b>ORLANDO FL 32808</b>                  |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>DESTIN, JOSEPH K</b>                  |
| STREET ADDRESS | <b>3417 PIPES-O-THE-GLENN WAY</b>        |
| CITY-ST-ZIP    | <b>ORLANDO FL 32806</b>                  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Delete          |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Pierre A. Michaud* **4-7-00** **(407)291-1737**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)