9/5/01-90027-011

FILED
Sep 19, 2001 8:00 am
Secretary of State

09-05-2001 90027 018 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004547

1. Entity Name

EGLISE EVANGELIQUE BAPTISTE DE JESUS, INC.

Principal Place of Business	Mailing Address
5064 N.W. 6TH COURT DELRAY BEACH FL 33445	5064 N.W. 6TH COURT DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5415 W 10 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BCH FL	City & State
Zip: 33435 Country: PALM BCH	Zip Country

4. FEI Number: 65-0834085 ☐ 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
TOUSSAINT, ZACHARIE 5064 N.W. 6TH COURT DELRAY BEACH FL 33445	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: PASTOR: ZACHARIE TOUSSAINT 9-17-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PDJ PASTOR TOUSSAINT, ZACHARIE 5064 N.W. 6TH COURT DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARIE LEA RAYMOND 440 SW 6 AVE BOYNTON BCH FL 33435	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARISTIL, MIKED 506 NW 6TH CT DELRAY BEACH FL 33445	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GEROME PIERRE 3201 E PALM DR BOYNTON BCH FL 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEAUPLAN, ALPHONICA 548 S.E. DAVIS ROAD DELRAY BEACH FL 33445	☒ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

CR2E037 (10/00)

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 9-13-01 4958127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #