

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90709 011 ****63.00

DOCUMENT # N98000006310

1. Entity Name

YOUNG CHRISTIAN FAMILY ASSOCIATION MINISTRIES OF

Principal Place of Business

Mailing Address

5361 N. ROSEMARIE AVENUE
 BOYNTON BEACH FL 33437

5361 N. ROSEMARIE AVENUE
 BOYNTON BEACH FL 33437-1007

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

65-0874593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DESIR, MCIVAN~~
 5361 N. ROSEMARIE AVENUE
 BOYNTON BEACH FL 33437

Name **DESIR MCIVAN**

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

5361 N ROSEMARIE Ave

City **BOYNTON Beach**

FL

Zip Code **33437**

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 *McIvan Desir sr* *McIVAN DESIR sr* Registered Agent 042900

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DESIR, YANIQUE	
STREET ADDRESS	5361 N. ROSEMARIE AVENUE	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, JEROME	
STREET ADDRESS	1100 5TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33460	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOSEPH, MCIVAN SR.	
STREET ADDRESS	1100 5TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33437	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DESMORATES, ORESTE	
STREET ADDRESS	3367 23RD COURT	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph JEROME	
STREET ADDRESS	1100 5th Ave	
CITY-ST-ZIP	Fort Lauderdale FL 33460	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR YANIQUE	
STREET ADDRESS	5361 N ROSEMARIE AVE	
CITY-ST-ZIP	BOYNTON Beach FL 33435	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIR MCIVAN SR	
STREET ADDRESS	5361 N ROSEMARIE AVE	
CITY-ST-ZIP	Boynton Beach FL 33437	
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: *McIvan Desir sr* *DESIR sr* Secretary 042900 561-738-6523

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED037 (9/99)