FILED Aug 20, 2001 8:00 am Secretary of State

08-20-2001 90076 029 \*\*\*\*61.25

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #: N9900000176

1. Entity Name

## L'EGLISE BAPTISTE GRACE POUR LA NOUVELLE GENERAT

Principal Plac	ce of Business	Mailing Address						_
		3900 N.E. 3 AVENUE POMPANO BEACH FL 33064						
ł				1 (00)(00) 010	10110 10111 00111 00111 00111 801	IN BORN BOIDT RIGH	IAGIA BIN IABI	
Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THI	S SPACE		
City & State		City & State		4. FEI Number	4. FEI Number 65-0888195		oplied For ot Applicable	]
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add	ditional	
	6. Name and Address of Current R	legistered Agent	<del>'</del>	7. Name and Add	Iress of New Registere			1
"-"			Name			<u>ugo</u>		1
0015051	O LITOPOA DA		Stroot Add	fress (P.O. Box Number is	Not Appentable)			┨
l	& UTRERA, P.A.		Street Add	ness (P.O. Box Number is	Not Acceptable)		,	
	eria avenue Gables FL 33134							1
COUNT O	PADLES FL 33134		City			Zip Cod	е	1
-					F			
. 8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in	the state of Florida.			
SIGNATURE .								
	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE	<del></del>		ĺ
							- 4 m	٠,
F	FILE NOW: FIEE IS \$61.25	9. Election Car	mpaign Financing	\$5.00 May Be	Make Che	ck Payable	to	
After Septe	ember 12, 2001, min. will be \$23	6.25 Trust Fund (	Contribution.	Added to Fees		ent of State		ļ
				`				
10.	, OFFICERS AND DIRE		11.	ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN		}_
TITLE NAME	SAINT-HILAIRE, IDONEL	☐ Delete	TITLE			☐ Change	Addition Addition	10/2
STREET ADDRESS	3900 NORTHEAST 3RD AVENUE		NAME STREET ADDRESS					1.
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP					F037
TITLE	D	Delete	TITLE					1 2
NAME	SAINT-HILAIRE, SONA	□ Delete	NAME			☐ Change	☐ Addition	۲
STREET ADDRESS	3900 NORTHEAST 3RD AVENUE		STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP					ĺ
TITLE	0	☐ Delete	TITLE			☐ Change	Addition	
NAME	EXANA, MARC P		NAME			_ •		l
STREET ADDRESS	3900 MORTHEAST 3RD AVENUE		STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL 93064		CITY-ST-ZIP					
TITLE	D	☐ Delete	TITLE	•		Change	☐ Addition	
NAME	ALEXANDRE, INOCENT		NAME	÷				
STREET ADDRESS CITY-ST-ZIP	3900 NORTHEAST 3RD AVENUE		STREET ADDRESS					
	POMPANO BEACH FL 33064		CITY-ST-ZIP	-				
TITLE Name		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				ļ	,
CITY-ST-ZIP			CITY-ST-ZIP.			·	ا.ــ ــا	ı .
TITLE		☐ Delete	TITLE			Change	O Main	-
NAME		☐ Detete	NAME			☐ Change	Addition \	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP		4			

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:

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