

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90292 022 ****61.25

DOCUMENT # N99000000176

1. Entity Name

**L'EGLISE BAPTISTE GRACE POUR LA NOUVELLE GENERAT
 ION ET OEUVRE MISSIONAIRE, INC.**

Principal Place of Business

Mailing Address

**432 S.W. 10TH COURT
 DEERFIELD BEACH FL 33444**

**3900 N.E. 3 AVENUE
 POMPANO BEACH FL 33064**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888195

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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	PSTD	<input type="checkbox"/> Delete
NAME	SAINT-HILAIRE, IDONEL	
STREET ADDRESS	3900 NORTHEAST 3RD AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAINT-HILAIRE, SONA	
STREET ADDRESS	3900 NORTHEAST 3RD AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDRE, INOCENT	
STREET ADDRESS	3900 NORTHEAST 3RD AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D Albert Ulyse	<input type="checkbox"/> Delete
NAME	3900 Northeast 3rd AVE	
STREET ADDRESS	pomp. beach FL 33064	
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		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Idonel Saint-Hilaire

04/08/02 (254) 941-5606

Date

Daytime Phone #

CR2E037 (9/01)