

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

03-28-2003 90057 011 ****61.25

DOCUMENT # N99000000176

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

same

2. Principal Place of Business

3. Mailing Address

3900 NE 3 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pompana Bch

City & State

City & State

FL 33064

Zip

Country

Zip

Country

33064 Broward

4. FEI Number **65-0888195**

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

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☐ Delete
NAME **SAINT-HILAIRE, IDONEL**
STREET ADDRESS **3900 NORTHEAST 3RD AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SAINT-HILAIRE, SONA**
STREET ADDRESS **3900 NORTHEAST 3RD AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ALEXANDRE INOCENT**
STREET ADDRESS **3900 NORTHEAST 3RD AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ULYSE, ALBERT**
STREET ADDRESS **3900 NORTHEAST 3RD AVE**
CITY-ST-ZIP **POMPANO BEACH FL 33084**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ALEXANDRE INOCENT** ☐ Delete
NAME **3900 NE 3rd Avenue**
STREET ADDRESS **Pomp. Bch FL 33064**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SAINT-HILAIRE

03/20/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/02)