

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90387 029 ****70.00

DOCUMENT # N99000003531

1. Entity Name
ASSEMBLEE BAPTISTE CHRETIENNE PAR LA FOI, INC.

Principal Place of Business

**2501 NO. ANDREWS AVE.
 WILTON MANORS FL 33311**

Mailing Address

**2501 NO. ANDREWS AVE.
 WILTON MANORS FL 33311**

00053922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2501 North Andrews Ave
 Suite, Apt. #, etc.

3. Mailing Address

2501 North Andrews Ave
 Suite, Apt. #, etc.

City & State
Wilton Manors

City & State
Wilton Manors

4. FEI Number **65-0933494**

Applied For
 Not Applicable

Zip
33311

Country
U.S.A

Zip
33311

Country
U.S.A

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEAN-FRANCOIS, ERIBERT
 1900 SW 81 AVE #307
 NORTH LAUDERDALE FL 38068**

7. Name and Address of New Registered Agent

Name **Rev. Eribert Jean-Francois**
 Street Address (P.O. Box Number is Not Acceptable)
1900 SW 81 AVE # 307
 City **North Lauderdale** FL Zip Code **33068**

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

(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

TITLE	TR	<input type="checkbox"/> Delete
NAME	FRANCIS, ROMAINE	
STREET ADDRESS	6460 NW 20 CT #2R	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	TR	<input type="checkbox"/> Delete
NAME	FRANCENE, ADELINE SR	
STREET ADDRESS	3623 NE 1 AVE #1	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	TR	<input type="checkbox"/> Delete
NAME	GUILLAUME, ELDIEN	
STREET ADDRESS	6410 SW 7 AVE	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE	T	<input type="checkbox"/> Delete
NAME	CEDEAU, MARIE D	
STREET ADDRESS	1324 NW 2 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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: **Francois Romaine**

4/29/01

CR2E037 (10/00)