

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90251 039 ****75.00

DOCUMENT # N99000004834
1. Entity Name
**EGLISE DE DIEU PRIMITIVE DE LA
NOUVELLE JERUSALEM, INC.**



DO NOT WRITE IN THIS SPACE

THE REPORT YOU NEED
11017512

2. Principal Place of Business 308 NW 1ST AVENUE		3. Mailing Address 308 NW 1ST AVENUE	
City & State DELRAY BEACH, FLORIDA		City & State DELRAY BEACH, FLORIDA	
Zip 33444	Country PALM BEACH	Zip 33444	Country PALM BEACH
4. FEI Number 65-0912512		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name **DERILUS, OSIAS**

Street Address (P.O. Box Number is Not Acceptable)
3555 HARLOWE AVENUE

City **BOYNTON BEACH FL** Zip Code **33436**

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 *Osias Derilus* **4-23-03**

(NOTE: Registered Agent signature required when constituting)

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIEUJUSTE, HARRY 308 NW 1ST AVE DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIEUJUSTE, MARIE C. 5796 STRAWBERRY LAKES CIR. LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMILCAR, SONTHONAX 713 SE 3RD AVENUE DELRAY BEACH, FL 33444	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MERCY, MIRADIEU 3400 N. DIXIE HWY BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUBERISSE, RUBENS M. 711 SW 12TH CT. DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rubens M. Luberisse* **04/23/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo Phone #

CR2E037B (12/02)