

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90004 035 ****61.25

DOCUMENT # N99000005531

1. Entity Name

EGLISE EVANGELIQUE DE L' ALLIANCE OF WEST PALM B EACH, INC.

Principal Place of Business

Mailing Address

**6108 SOUTH DIXIE HIGHWAY
 WEST PALM BEACH FL 33405**

**P.O. BOX 20088
 WEST PALM BEACH FL 33416**

2. Principal Place of Business

3. Mailing Address

509 31ST ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WEST PALM BEACH, FL

Zip **FL 33401**

Country **USA**

Zip

Country

4. FEI Number **65-0181969**
APPLIED FOR

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

**LANEY, KENNETH D
 7800 LAKE WORTH ROAD
 LAKE WORTH FL 33467**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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 **D** ☐ Delete
 NAME **SAGAILLE, SERA**
 STREET ADDRESS **719 EXECUTIVE CENTER DRIVE, #311E**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
 NAME **MERISIER, ELICON**
 STREET ADDRESS **712 PARK PLACE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **D** ☐ Delete
 NAME **HERVE, MARIE FRANZIE**
 STREET ADDRESS **4845 CARTHAGE CIRCLE, S.**
 CITY-ST-ZIP **LANTANA FL 33463**

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

TITLE **D** ☒ Delete
 NAME **DACEUS, DUCAS**
 STREET ADDRESS **3789 MIL-POND CT.**
 CITY-ST-ZIP **GREEN ACRES FL 33463**

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

TITLE **P** ☐ Delete
 NAME **PIERRE, WILSON E**
 STREET ADDRESS **145 BOB WHITE ROAD**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

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:

[Signature] **WILSON E. PIERRE, President**

1/21/02 (541) 628-7525

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CR2E037 (9/01)