

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

FILED
Jun 09, 2003 8:00 am
Secretary of State

5/21

05-21-2003 90083 027 ****72.00

DOCUMENT # N99000005531

1. Entity Name

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



Principal Place of Business

509 21ST
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 20088
WEST PALM BEACH FL 33418

55046961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0181969

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Pierre, Wilson E.

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

145 Bob White Rd.

Royal Palm Beach, FL 33411

City

Royal Palm Beach,

FL

Zip Code

33411

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 Pierre, Wilson E.

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

(NOTE: Registered Agent signature required when resigning.)

5/07/03

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

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

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

TITLE D
NAME HERVE, MARIE FRANZIE
STREET ADDRESS 4645 CARTHAGE CIRCLE, S.
CITY-ST-ZIP LANTANA FL 33483 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME SAGALLE, SERA
STREET ADDRESS 719 EXECUTIVE CENTER DRIVE, #311E
CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE ☐ Change ☐ Addition
NAME HERVE, MARIE FRANZIE
STREET ADDRESS 4645 CARTHAGE CIRCLE, S.
CITY-ST-ZIP LANTANA FL 33483

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

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Daytime Phone #

CR2E037 (10/02)