

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006762

1. Entity Name

MARANATHA EVANGELICAL BAPTIST CHURCH, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

03-04-2000 90023 018 ****75.00

Principal Place of Business

4845 PAT-ANN TERR.
 ORLANDO FL 32808

Mailing Address

4845 PAT-ANN TERR.
 ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOMPOINT, EDNER REV.
 4845 PAT-ANN TERR.
 ORLANDO FL 32808

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 *MomPoint EDNER*

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

(NOTE: Registered Agent signature required when reinstating)

7-11-00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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 PD
 NAME MOMPOINT, EDNER REV.
 STREET ADDRESS 4845 PAT-ANN TERR.
 CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
 NAME PIERRE GESNER ☐ Change ☒ Addition
 STREET ADDRESS 5500 Sylvester RD # 304
 CITY-ST-ZIP ORL. 91A 32808

TITLE D
 NAME JOSEPH, AMONES ☐ Delete
 STREET ADDRESS 1807 SARAZIN DR.
 CITY-ST-ZIP ORLANDO FL 32808

TITLE D
 NAME PIERRE JOSEPHINE ☐ Change ☒ Addition
 STREET ADDRESS 5500 Sylvester RD # 304
 CITY-ST-ZIP ORL. 91A 32808

TITLE D
 NAME MOMPRIER, JN. PHILIPPE ☐ Delete
 STREET ADDRESS SAVOY STREET
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition

TITLE D
 NAME BOIRON, REMY EVAN. ☒ Delete
 STREET ADDRESS ROSEMOND STREET
 CITY-ST-ZIP ORLANDO FL 32808

TITLE D
 NAME WILFRID Joly ☐ Change ☐ Addition
 STREET ADDRESS 5602 Sylvester RD
 CITY-ST-ZIP ORLANDO 91A 32808

TITLE SD
 NAME MOMPOINT, MARIE C ☐ Delete
 STREET ADDRESS 4845 PAT-ANN TERR.
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition

TITLE D
 NAME MESILUS, REMY ☒ Delete
 STREET ADDRESS 4811 LEPRECHAUN WAY
 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Change ☐ Addition

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: *EDNER MOMPOINT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-11-00 294-2824

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90023-018-\$75.00-\$75.00

DOCUMENT # N99000006762

1. Entity Name

MARANATHA EVANGELICAL BAPTIST CHURCH, INC.

Attachment

308546

Principal Place of Business

Mailing Address

4845 PAT-ANN TERR.
ORLANDO FL 32808

4845 PAT-ANN TERR.
ORLANDO FL 32808-4962

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOMPOINT, EDNER REV.
4845 PAT-ANN TERR.
ORLANDO FL 32808

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

MOMPOINT EDNER REV

(NOTE: Registered Agent signature required when reinstating)

02-19-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MOMPOINT, EDNER REV.
STREET ADDRESS 4845 PAT-ANN TERR.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
NAME PIERRE GESNER ☐ Change ☒ Addition
STREET ADDRESS 5550 SYLVESTER RD DOOR 304
CITY-ST-ZIP ORL. FLA 32808

TITLE D
NAME JOSEPH, AMONES
STREET ADDRESS 1807 SARAZIN DR.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
NAME PIERRE JOSEPHINE ☐ Change ☒ Addition
STREET ADDRESS 5550 SYLVESTER RD DOOR 304
CITY-ST-ZIP ORL. FLA 32808

TITLE D
NAME MOMPRIER, JN. PHILIPPE
STREET ADDRESS SAVOY STREET
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE D
NAME BOIRON, Remy EVAN.
STREET ADDRESS ROSEMOND STREET
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE S
NAME Gyslain Joly ☒ Change ☐ Addition
STREET ADDRESS 5602 SYLVESTER RD
CITY-ST-ZIP ORL. FLA 32808 Apt. 6A7

TITLE SD
NAME MOMPOINT, MARIE C
STREET ADDRESS 4845 PAT-ANN TERR.
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE D
NAME Wilfrid Joly ☐ Change ☒ Addition
STREET ADDRESS 5602 SYLVESTER RD
CITY-ST-ZIP ORL. FLA 32808 Apt. 6A7

TITLE D
NAME MESILUS, REMY
STREET ADDRESS 4811 LEPRECHAUN WAY
CITY-ST-ZIP ORLANDO FL 32808 ☒ Delete

TITLE D
NAME RUBEN EXARTU ☒ Change ☐ Addition
STREET ADDRESS 1352 HOLLYG. APOPKA FLA
CITY-ST-ZIP 32703

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: EDNERA MOMPRIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 02-19-00 Daytime Phone #

CR2E037 (9/99)