

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90308 024 ****70.00

DOCUMENT # N99000007320

1. Entity Name

CHURCH OF JESUS-CHRIST AND CADJE MINISTRIES, INC



Principal Place of Business

**2826 BRAADWAY
207
WEST PALM BEACH FL 33404**

Mailing Address

**P OB OX 32775
PALM BEACH GARDES FL 33420**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0990557**

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

**MAURIVAL, ORPHA
9335 OLD DIXIE HWY.
LAKE PARK FL 33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD MAURIVAL, ORPHA**
STREET ADDRESS **4135 TANGLEWOOD NORTH, #455**
CITY-ST-ZIP **PALM BCH GARDENS FL 33410**

TITLE ☐ Change ☒ Addition
NAME **D BLANC FIFORT**
STREET ADDRESS **1380 LONGARZO PLAZA**
CITY-ST-ZIP **WEST PALM BCH FL 33415**

TITLE ☐ Delete
NAME **T LAJEUNESSE, BRUNER**
STREET ADDRESS **719 EXECUTIVE CENTER DR APT 311E**
CITY-ST-ZIP **PALM BCH GARDENS FL 33401**

TITLE ☐ Change ☐ Addition
NAME **D LAJEUNESSE BRUNEL**
STREET ADDRESS **719 EXECUTIVE CENTER DR APT 311E**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
NAME **S MAURIVAL, VITEY**
STREET ADDRESS **1540 LAKE CRYSTAL DR APT G**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME **TD MAURIVAL VITEY**
STREET ADDRESS **1540 LAKE CRYSTAL DR APT G**
CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE ☐ Delete
NAME **D JENA, CHRISTOPHE**
STREET ADDRESS **9271 APPLECREST DR.**
CITY-ST-ZIP **P.G.A. FL 33410**

TITLE ☐ Change ☒ Addition
NAME **D Jules Jean Remy**
STREET ADDRESS **508, 54TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
NAME **V MATHURIN, JEAN ROBERT**
STREET ADDRESS **3101 BROADWAY #11**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

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

TITLE ☐ Delete
NAME **M MAURIVAL, GELINE**
STREET ADDRESS **4135 TANGLEWOOD N #455**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Change ☒ Addition
NAME **MD MAURIVAL GELINE**
STREET ADDRESS **9335 OLD DIXIE HWY**
CITY-ST-ZIP **LAKE PARK FL 33403**

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 information.

SIGNATURE:

SIGNATURE REQUIRED

4-21-03 561-845-1351

CR2E037 (10/02)