

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18123 (2)
1. Corporation Name

ECLISE MISSIONAIRE TROMPETTE DE SION, INC.



Principal Place of Business

Mailing Address

%SILNY JOSMA
7642 N.W. 7TH AVE.
MIAMI FL 33150

%SILNY JOSMA
7642 N.W. 7TH AVE.
MIAMI FL 33150-3211

3. Date Incorporated or Qualified
12/08/1986

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0032708

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSMA, MARIE LUCE
9605 SW 78TH ST
MIAMI FL 33173

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME PHILIPPE, ANCELLA
STREET ADDRESS 920 NW 47 STREET
CITY- ST- ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D DELETE
NAME GEORGE, VELIA
STREET ADDRESS 8375 NE 3RD COURT
CITY- ST- ZIP MIAMI FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VP DELETE
NAME JOSMA, MARIE L
STREET ADDRESS 9605 SW 78TH STREET
CITY- ST- ZIP MIAMI FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE P DELETE
NAME JOSMA, SILNY
STREET ADDRESS 7642 NW 7TH AVE.
CITY- ST- ZIP MIAMI FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE TS DELETE
NAME JOSMA, LYCEE
STREET ADDRESS 686 NE 80TH STREET
CITY- ST- ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lycee Josma 02-28-1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030830

CR2E037 (9/96)