

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 28 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21275 (5)
 1. Corporation Name
MISSION L'EGLISE DE JESUS CHRIST,
Church of Jesus Christ Sabbath Keeping



Principal Place of Business 1045 26TH STREET ORLANDO FL 32805-5432	Mailing Address 1045 26TH STREET ORLANDO FL 32805-5432
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>Church of Jesus Christ Sabbath Keeping</i>	2a. Mailing Address 26 <i>1045 26th Street</i>	3. Date Incorporated or Qualified 06/23/1987	3a. Date of Last Report 11/20/1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2820349	Applied For Not Applicable
23 City & State <i>Orlando, FL</i>	28 City & State <i>Orlando, FL</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip <i>32805</i>	25 Country	29 Zip <i>32805</i>	30 Country
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
CINCYR, NERCIUS
534 TULANE DR.
ALTA MONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent
 81 Name *Nercius Cincyr*
 82 Street Address (P.O. Box Number is Not Acceptable)
Tulane Dr. 534
 83
 84 City *Altamonte Springs* **FL** 85 Zip Code *32714*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CINCYR, NERCIUS	
STREET ADDRESS	1045 26TH STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAPTISTE, JESUMONT JEAN	
STREET ADDRESS	1043 1/2 26TH STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUCATE, MARIE	
STREET ADDRESS	1045 26TH STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<i>Seraphine, Luc</i>	
STREET ADDRESS	<i>1045 26th Street</i>	
CITY-ST-ZIP	<i>Orlando, FL 32805</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Seraphine, Luc</i>	
1.3 STREET ADDRESS	<i>1045 26th Street</i>	
1.4 CITY-ST-ZIP	<i>Orlando, FL 32805</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****61.25**

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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)