


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N21275 (5)
1. Corporation Name
MISSION L'EGLISE DE JESUS CHRIST, INC.



Principal Place of Business: CHURCH OF JESUS CHRIST SABBATH KEEPING, 1045 26TH STREET, ORLANDO FL 32805
Mailing Address: CHURCH OF JESUS CHRIST SABBATH KEEPING, 1045 26TH STREET, ORLANDO FL 32805

3. Date Incorporated or Qualified: 06/23/1987
4. FEI Number: 59-2820349
Applied For: Not Applicable

2. Principal Place of Business: 21. Suite, Apt. #, etc.
22. City & State: Orlando, FL
23. Zip: 32805
24. Country

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

10. Name and Address of New Registered Agent: 81. Name: Nercius Cincyr, 82. Street Address: Tulane Dr. 534, 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CINCYR, NERCIUS	1.2 NAME	Nercius Cincyr
STREET ADDRESS	1045 26TH STREET	1.3 STREET ADDRESS	1045 26th Street
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orland, FL
TITLE	D	2.1 TITLE	D
NAME	BAPTISTE, JESUMONT JEAN	2.2 NAME	Jesumont Jean Baptiste
STREET ADDRESS	1043 1/2 26TH STREET	2.3 STREET ADDRESS	1043 1/2 26th Street
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL
TITLE	S	3.1 TITLE	S
NAME	LUCATE, MARIE	3.2 NAME	marie Lucate
STREET ADDRESS	1045 26TH STREET	3.3 STREET ADDRESS	1045 26th Street
CITY-ST-ZIP	ORLANDO FL 32805	3.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE	PD	4.1 TITLE	PD
NAME	SERAPHINE, LUC	4.2 NAME	Luc Seraphine
STREET ADDRESS	1045 26TH STREET	4.3 STREET ADDRESS	1045 26th Street
CITY-ST-ZIP	ORLANDO FL 32805	4.4 CITY-ST-ZIP	Orlando, FL 32805
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: _____

CR2E037 (1097)