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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N39136

1. Corporation Name
EGLISE DE DIEU DU DERNIER TEMPS, INC.

229254 - 90045 - 30

Principal Place of Business
 1267 NW 119TH ST
 MIAMI FL 33168
 US

Mailing Address
 12620 NE 4TH AVE.
 N. MIAMI FL 33161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	07/17/1990	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0229464	
24	Country	29	Country	Applied For	
		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent
DAUPHINE, SHIRLEY
 12620 NE 4TH AVE
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONHOMME, JOSEPH D.	1.2 NAME	
STREET ADDRESS	12620 NE 4TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUPHINE, SHIRLEY	2.2 NAME	
STREET ADDRESS	12620 NE 4TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONHOMME, YVENIE	3.2 NAME	
STREET ADDRESS	12620 NE 4TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLEVUE, AGNES	4.2 NAME	
STREET ADDRESS	1260 NW 118TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETT-CAR, SILAS	5.2 NAME	
STREET ADDRESS	673 NE 86TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ 3-10-99 305/895-4494
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (1/198)