

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 28 PM 1:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N94000002343 (1)

1. Corporation Name
EMMANUEL SAINT-FLEUR EVANGELISTIC ASSOCIATION, I NC.

Principal Place of Business Mailing Address
3600 S STATE RD 7 SUITE 237 MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/09/1994	3a. Date of Last Report
4. FEI Number * 65-0569314	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 7351 GRANDVIEW BLVD
22. City & State	27. Suite, Apt. #, etc.
23. MIRAMAR FL	28. MIRAMAR FL
24. Zip	29. 33023
Country	30. U.S.A.

9. Name and Address of Current Registered Agent
SAINT-FLEUR, EMMANUEL
3600 S STATE RD 7 SUITE 237 MIRAMAR FL 33023

10. Name and Address of New Registered Agent
81 Name SAINT-FLEUR, EMMANUEL
82 Street Address (P.O. Box Number is Not Acceptable) 7351 GRANDVIEW BLVD
83
84 City MIRAMAR
85 State FL
86 Zip Code 33023

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]* DATE: **7-17-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME SAINT-FLEUR, EMMANUEL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3600 S STATE RD 7 SUITE 237	CITY- ST- ZIP MIRAMAR FL 33023	1.2 NAME	
TITLE VD	NAME SAINT-FLEUR, HUGO	1.3 STREET ADDRESS	
STREET ADDRESS 3600 S STATE RD 7 SUITE 237	CITY- ST- ZIP MIRAMAR FL 33023	1.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	NAME AUGUSTIN, LEON	2.1 TITLE	
STREET ADDRESS 3600 S STATE RD 7 SUITE 237	CITY- ST- ZIP MIRAMAR FL 33023	2.2 NAME	
TITLE D	NAME DESAMOUR, RONALD M	2.3 STREET ADDRESS	
STREET ADDRESS 3600 S STATE RD 7 SUITE 237	CITY- ST- ZIP MIRAMAR FL 33023	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.1 TITLE	
STREET ADDRESS	CITY- ST- ZIP	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	4.1 TITLE	
STREET ADDRESS	CITY- ST- ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	5.1 TITLE	
STREET ADDRESS	CITY- ST- ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY- ST- ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY- ST- ZIP	6.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **7-17-95** **305**
 9642874

CR2E037 (3/95)