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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # N9500000691 (4)

EGLISE MISSIONNAIRE SOURCE DE VIE, INC.

Principal Place of Business Mailing Address

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4411 N.W. 32N	ID ST. Lakes Fl 33319	4411 N.W. 32ND ST. Lauderdale Lakes Fl	. 33319					
THE THE PARTY OF T					3. Date incorporated or Qualified 02/10/1995	3a. Date	of Last Re	eport
6 Directed Die	as of Discinosa	2a. Mailing Address			4. FEI Number		Ar	plied For
2. Principal Place of Business 1 P.O.BOX 9087 2a. Mailing Addres 2b. D. BOX								t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required Fee Required			
City & State	LAUDERDALE	City & State FORT LAUD	ERDALE		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
Zip	Country	Zip 33310	Country 30 FLOI	RIDA	This corporation has liability for in Florida Statutes	ntangible tax	under s. 1	99.032,
433310	25 FLORIDA 9. Name and Address of Current		30		10 Name and Address of New Ro			
	9. Name and Address of Current	nagistated Agent	81	Name				
EEDAN E	ITAN C		1 1					
FERGILE, JEAN C 4411 N.W. 32ND ST.			82 Street Add		Idress (P.O. Box Number is Not Acceptable)			
			83					
LAUDERL	DALE LAKES FL 33319						1 1-1-5	
			84	City		FL	 85 Z ip •	Code
•	10 11 0100	4 017 4500 Florido Stotut	oc the above par	med cornors	ation submits this statement for the puri	ose of chan	aina its rec	aistered offic
	ad accel or both in the State of Florid	a. Such change was authoriz	HO DV THE CORNE	ation's board	d of directors. I hereby accept the appo	intment as re	gistered a	gent. I am
familiar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statutes	S					
♥ SIGNATURE _					4	DATE		
	Signature, typed or printed name of registered agent a	- A A	OTE: Registered Agent s	signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND E	DIRECTOR	RS IN 12
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4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in section 1 must be 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 of 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MATURE AND WEED OR PRINTED WAME OF STANKS DEFICER OR BURECTOR

Feb 7-1996