

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000691 (4)**

1. Corporation Name
EGLISE MISSIONNAIRE SOURCE DE VIE, INC.



Principal Place of Business: 4411 N.W. 32ND ST. LAUDERDALE LAKES FL 33319
Mailing Address: 4411 N.W. 32ND ST. LAUDERDALE LAKES FL 33319

3. Date Incorporated or Qualified: **02/10/1995**
3a. Date of Last Report

2. Principal Place of Business: 21 **P.O. BOX 9087**
2a. Mailing Address: 26 **P.O. BOX 9087**

4. FEI Number Applied For
 Not Applicable

Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **FORT LAUDERDALE**
City & State 28 **FORT LAUDERDALE**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip 24 **33310** Country 25 **FLORIDA**
Zip 29 **33310** Country 30 **FLORIDA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERGILE, JEAN C
4411 N.W. 32ND ST.
LAUDERDALE LAKES FL 33319

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEON, JOUBERT	
STREET ADDRESS	11700 N.W. 26TH CT.	
CITY-ST-ZIP	CORAL SPRINGS FL 3306	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KRASSO, EMIE	
STREET ADDRESS	3560 JACKSON BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGILE, JEAN C	
STREET ADDRESS	4411 N.W. 32ND ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARATTE, JENNY	
STREET ADDRESS	6000 N.W. 19TH ST.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGILE, GUERDA	
STREET ADDRESS	4411 N.W. 32ND ST.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NADIA LABONTE
2.3 STREET ADDRESS	1945 S.W. 5th. Place
2.4 CITY-ST-ZIP	Fort Lauderdale Fla. 33312
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	300001744363
4.3 STREET ADDRESS	-03/15/96--01036--008
4.4 CITY-ST-ZIP	***61.25
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGES LARATTE
5.3 STREET ADDRESS	6000 N.W. 19th. ST.
5.4 CITY-ST-ZIP	SUNRISE FLA. 33313
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JACQUES WEINER ANTOINE
6.3 STREET ADDRESS	640 ARIZONA AVENUE
6.4 CITY-ST-ZIP	FORT. LAUDERDALE 33312

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jacques D. Antoine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 7 - 1996

Date

Daytime Phone #

CR2E037 (12/95)