


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000000691 1. Corporation Name EGLISE MISSIONNAIRE SOURCE DE VIE, INC.		
Principal Place of Business P.O. BOX 9087 FORT LAUDERDALE FL 33310	Mailing Address P.O. BOX 9087 FORT LAUDERDALE FL 33310	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/10/1995
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0720109
22 City & State	27 City & State	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ANTOINE, JACQUES W 640 ARIZONA AVENUE FORT LAUDERDALE FL 33312				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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEON, JOUBERT	1.2 NAME	Michaëlle Pierre-Louis
STREET ADDRESS	11700 N.W. 26TH CT.	1.3 STREET ADDRESS	6250 SW 19 Street
CITY-ST-ZIP	CORAL SPRINGS FL 3306	1.4 CITY-ST-ZIP	NORTH LAUDERDALE FL. 33068
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABONTE, NADIA	2.2 NAME	Reynald Pierre Louis
STREET ADDRESS	1945 S.W. 5TH PLACE	2.3 STREET ADDRESS	6250 SW 19 Street
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	2.4 CITY-ST-ZIP	NORTH LAUDERDALE Florida 33068
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERGIE, JEAN C	3.2 NAME	RENAND Rodney Belidor
STREET ADDRESS	4411 N.W. 32ND ST.	3.3 STREET ADDRESS	317 N.W. 42 TER
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	3.4 CITY-ST-ZIP	Plantation Florida 33317
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARATTE, JENNY	4.2 NAME	Ginette Royer
STREET ADDRESS	6000 N.W. 19TH ST.	4.3 STREET ADDRESS	1161 ARIZONA AVENUE
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	Fort Lauderdale Florida 33312
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARATTE, GEORGES	5.2 NAME	Maxime Laratte
STREET ADDRESS	6000 N.W. 19TH ST.	5.3 STREET ADDRESS	6000 N W 19 Street
CITY-ST-ZIP	SUNRISE FL 33313	5.4 CITY-ST-ZIP	SUNRISE FLORIDA 33313
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOINE, JACQUES W	6.2 NAME	ROSE BENICIE ANTOINE
STREET ADDRESS	640 ARIZONA AVENUE	6.3 STREET ADDRESS	640 ARIZONA AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	6.4 CITY-ST-ZIP	Fort Lauderdale Florida 33312

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: JAQUES ANTOINE *Feb. 26-1999-954* 791-9187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/93)