

FILE NOW: FILING FEE IS \$61.25

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Jul 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003173 (0)**

1. Corporation Name

**EGLISE SENTINELLE DE LA DERNIERE HEURE DU 7E JOUR INCORPORATED**



Principal Place of Business	Mailing Address
1237 NE 4TH AVE 2ND FLOOR FORT LAUDERDALE FL 33304 US	P O BOX 100413 FT LAUDERDALE FL 33310 US

3. Date Incorporated or Qualified	06/27/1995
4. FEI Number	65-0607348
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21. 1533 North-West 5th Street Suite, Apt. #, etc.	26. Same as above Suite, Apt. #, etc.
22. City & State	27. City & State
23. Ft-Lauderdale, FL 33311	28. City & State
24. Zip	29. Zip
Country	Country
25. Broward	30. US

5. Certificate of Status Desired	<input checked="" 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. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
LAMY, EMMANUEL J 3880 RIVERSIDE DRIVE APT. 1 CORAL SPRINGS FL 33065	

10. Name and Address of New Registered Agent	
81. Name	STUPPARD, MAURICE
82. Street Address (P.O. Box Number is Not Acceptable)	11905 Northeast 2nd Avenue Apt. C 310
83. City	North Miami, Florida, 33161
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 Maurice Stuppard Maurice Stuppard 6-27-1998  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	T ABNER, JOSEPH <input type="checkbox"/> DELETE
NAME	1500 NW 8TH AVE #4
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	P LAMY, EMMANUEL J. <input checked="" type="checkbox"/> DELETE
NAME	3880 RIVERSIDE DR #1
STREET ADDRESS	CORAL SPRINGS FL
CITY-ST-ZIP	
TITLE	D PIERRE, ALIX <input type="checkbox"/> DELETE
NAME	421 NE 11TH STREET #1
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	S PIERRE, MARIE D <input checked="" type="checkbox"/> DELETE
NAME	325 NW 42ND STREET
STREET ADDRESS	FT. LAUDERDALE FL
CITY-ST-ZIP	
TITLE	D ANITUS, JEANNE <input checked="" type="checkbox"/> DELETE
NAME	1535 NE 1ST AVE #2
STREET ADDRESS	FT LAUDERDALE FL
CITY-ST-ZIP	
TITLE	D ANDRE, DEVILUS <input checked="" type="checkbox"/> DELETE
NAME	100 SW 9TH STREET #102
STREET ADDRESS	FT LAUDERDALE FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEAN BECKER SAINVAL
1.3 STREET ADDRESS	2710 Somer Set Drive, Apt. X-215
1.4 CITY-ST-ZIP	Lauderdale Lakes, FL. 33311
2.1 TITLE	V/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STUPPARD, MAURICE
2.3 STREET ADDRESS	11905 Northeast 2nd Ave. Apt. C 310
2.4 CITY-ST-ZIP	North Miami, Florida, 33161
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PIERRE, ALIX
3.3 STREET ADDRESS	421 Northeast 4th Ave. # 1
3.4 CITY-ST-ZIP	Fort-Lauderdale, FL. 33304
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GREGOIRE, AROLD
4.3 STREET ADDRESS	3610 Northwest 34th Avenue
4.4 CITY-ST-ZIP	Lauderdale Lakes, FL. 33309
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HOMIDAS, DACIUS
5.3 STREET ADDRESS	522 NW 8th Street
5.4 CITY-ST-ZIP	Fort-Lauderdale, FL 33311
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JOSEPH, ABNER
6.3 STREET ADDRESS	1500 NW 8th Avenue
6.4 CITY-ST-ZIP	Fort-Lauderdale, FL 33311

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.

SIGNATURE [Signature] 6-29-98 954-4674011

CR2E037 (10/97)