

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90107 004 \*\*\*\*70.00

**DOCUMENT # 747500**

1. Corporation Name

**JERUSALEM CHURCH OF GOD SEVENTH DAY, INC.**

Principal Place of Business

591 NW 35TH STREET  
MIAMI FL 33127

Mailing Address

531 NW 35TH STREET  
MIAMI FL 33127



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/04/1979

4.1 FEI Number

00-0000000 65-0882503

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LANGBEIN, LESLIE W.  
20801 BISCAYNE BLVD.  
SUITE 506  
MIAMI FL 33180

10. Name and Address of New Registered Agent

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 PD  
NAME EUDOVIQUE, JOSEPH  
STREET ADDRESS 1301 NW 175TH TERRACE  
CITY-ST-ZIP MIAMI FL 33169

☐ DELETE

TITLE D  
NAME OSCAR, ULYSES  
STREET ADDRESS 825 NE 178TH TERRACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33162

☐ DELETE

TITLE D  
NAME EUDOVIQUE, SHEILA  
STREET ADDRESS 1301 NW 175TH TERRACE  
CITY-ST-ZIP MIAMI FL 33169

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY, Treasurer ☐ Change ☒ Addition  
1.2 NAME MIRIAM E. JOHN  
1.3 STREET ADDRESS 2241 S SHERMAN Circle # 413  
1.4 CITY-ST-ZIP MIAMI, FL 33025

2.1 TITLE Vice President ☐ Change ☒ Addition  
2.2 NAME DEMETRIUS SERIEUX  
2.3 STREET ADDRESS 1385 NW 128 ST  
2.4 CITY-ST-ZIP MIAMI, FL 33167

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Miriam E. John* 2/10/99 305-919-5731  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)