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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757931

1. Corporation Name

**EGLISE EVANGELIQUE DE DIEU D'EXPRESSION FRANCAIS
E, INC.**

Principal Place of Business

1595 N.W. 119 STREET
MIAMI FL 33167

Mailing Address

1595 N.W. 119 STREET
MIAMI FL 33167



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/08/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOLTAIRE, VOLMAR
12970 N.W. 16 AVE.
MIAMI FL 33167

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE PD
NAME VOLTAIRE, VOLMAR
STREET ADDRESS 12970 N.W. 16 AVE.
CITY-ST-ZIP MIAMI FL 33167

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME VOLTAIRE, JEANNE
STREET ADDRESS 12970 N.W. 16 AVE.
CITY-ST-ZIP MIAMI FL 33167

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME FELIX, ERNST
STREET ADDRESS 14200 N.W. 2 AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE TD
NAME MARC, VIERGE
STREET ADDRESS 11300 WEST GOLF
CITY-ST-ZIP MIAMI FL

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

TD
GARDY JEAN JULES
13155 N.W 12 AVE Miami FL. 33168

TITLE SD
NAME FRANCOIS, LYONEL
STREET ADDRESS 1665 N.W. 126 STREET
CITY-ST-ZIP MIAMI FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Rev. [Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H 99-305-688-0939

CR2E037 (11/98)