

**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 # 759537 (4)**  
1. Corporation Name  
**EGLISE DE DIEU MONT DES OLIVIERS, INC.**



Principal Place of Business  
**45 N.E. 54TH STREET  
MIAMI FL 33137**

Mailing Address  
**45 N.E. 54TH STREET  
MIAMI FL 33137**

3. Date Incorporated or Qualified  
**08/06/1981**

3a. Date of Last Report  
**02/01/1995**

4. FEI Number  
**22-2321231**

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

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

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

2. Principal Place of Business  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip  
29. Country

9. Name and Address of Current Registered Agent  
**REJOUIS, WILNER (REV)  
800 N.W. 145TH STREET  
NORTH MIAMI FL 33168**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code **FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **S**  DELETE  
NAME **WILNER, VIRGILE**  
STREET ADDRESS **1521 NE 150 ST #101**  
CITY-ST-ZIP **MIAMI FL**

TITLE **SD**  DELETE  
NAME **DESTIN, JOSEPH LOUISSAIN**  
STREET ADDRESS **900 N.W. 125TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **P**  DELETE  
NAME **ALEXANDRE, SILENCIEUX**  
STREET ADDRESS **835 OPA LOCKA BLVD.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **ASD**  DELETE  
NAME **DUFRESNE, JOSUE**  
STREET ADDRESS **780 N.W. 145TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V**  DELETE  
NAME **AUGUSTIN, JOSEPH**  
STREET ADDRESS **12100 NW 10 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE **PD**  DELETE  
NAME **REJOIS, WILNER**  
STREET ADDRESS **800 N.W 145TH STREET**  
CITY-ST-ZIP **NORTH MIAMI FL 33168**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

**900001854999**  
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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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (12/95)