

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/06/1981</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>22-2321231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>45 NE 54th St</b>	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>MIAMI FLA</b>	27
City & State	City & State
23	28
Zip	Country
24 <b>33137</b>	25
Country	Zip
	29
	30

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
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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<b>1st Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILNER, VIRGILE</b>	1.2 NAME	<b>Chantal Foudresse</b>
STREET ADDRESS	<b>1521 NE 150 ST #101</b>	1.3 STREET ADDRESS	<b>780 NW 145th St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	<b>MIAMI FLA 33168</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<b>2nd Secretary</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DESTIN, JOSEPH LOUISAIN</b>	2.2 NAME	<b>Monique Gubrier</b>
STREET ADDRESS	<b>900 N.W. 125TH ST.</b>	2.3 STREET ADDRESS	<b>743 NW 143 St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	<b>MIAMI FLA 33168</b>
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALEXANDRE, SILENCIEUX</b>	3.2 NAME	<b>Josue Dufresne</b>
STREET ADDRESS	<b>835 OPA LOCKA BLVD.</b>	3.3 STREET ADDRESS	<b>14830 N. Spun Dr.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>MIAMI FLA 33168</b>
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	<b>Member</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUFRESNE, JOSUE</b>	4.2 NAME	<b>Destin Joseph</b>
STREET ADDRESS	<b>780 N.W. 145TH ST.</b>	4.3 STREET ADDRESS	<b>900 NW 125 St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>MIAMI FLA</b>
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<b>Pastor</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUGUSTIN, JOSEPH</b>	5.2 NAME	<b>Rev. Wilner Rejois</b>
STREET ADDRESS	<b>12100 NW 10 AVE</b>	5.3 STREET ADDRESS	<b>800 NW 145th St</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	<b>MIAMI FLA</b>
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<b>33168</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REJOIS, WILNER REV.</b>	6.2 NAME	<b>900002255969</b>
STREET ADDRESS	<b>800 N.W 145TH STREET</b>	6.3 STREET ADDRESS	<b>-08/04/97--01033--003</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>	6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do 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 REQUIRED

CR2E037 (4/97)