

**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 # N16998 (9)**  
1. Corporation Name  
**EGLISE DU NAZAREEN LIBRE, INC.**



Principal Place of Business      Mailing Address  
**% REV. FRITZDEMOSTHENES**      **% REV. FRITZDEMOSTHENES**  
**288 N.W. 71ST**      **288 N.W. 71ST**  
**MIAMI FL 33150**      **MIAMI FL 33150**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/25/1986**      **02/15/1995**

2. Principal Place of Business      2a. Mailing Address  
21 **288 N W 71st**      26 **7020 NW 3 Ave**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
22      27  
City & State      City & State  
23 **MIAMI**      **MIAMI FLA**  
Zip      Country      Zip      Country  
24 **33150**      25 **FLORIDA**      29 **33150**      30 **DADE**

4. FEI Number      Applied For  
**59-2722497**       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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes  No

9. Name and Address of Current Registered Agent  
**DEMOSTHNES, FRITZ**  
**288 NW 71ST STREET**  
**MIAMI FL 33150**

10. Name and Address of New Registered Agent  
81 Name      **DEMOSTHENES FRITZ**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**7020 NW 3 Ave**  
83  
84 City      **MIAMI FLA**      85 Zip Code      **FL 33150**

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: *Fritz Demosthenes*      (NOTE: Registered Agent signature required when reinstating)      **Feb 24, 1996**      DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>DEMOSTHENES, FRITZ</b>	
STREET ADDRESS	<b>7020 NW 3RD AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DEMOSTHENES, MULTIDA-M.</b>	
STREET ADDRESS	<b>7020 NW 3 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>FRENELLE, RAYMOND MAX</b>	
STREET ADDRESS	<b>850 N.W. 110 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP	<b>N/A</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	<b>N/A</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	<b>N/A</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Fritz Demosthenes*      **Feb 23, 1996**      **7566719**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone

CR2E037 (12/95)