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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

288 NW 71ST
MIAMI FL 33150
US

7020 NW 3RD AVE
288 N.W. 71ST
MIAMI FL 33150-3753
US

3. Date Incorporated or Qualified
09/25/1986

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21 7640 N.E 2nd Ave
Suite, Apt. #, etc.

26 7020 NW 3RD AVE
Suite, Apt. #, etc.

4. FEI Number
59-2722497

Applied For
Not Applicable

22 MIAMI

27

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

City & State

City & State

23 FLA

28 MIAMI FLA

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

Zip Country

Zip Country

24 33138 25 DADE

29 33150 30 DADE

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEMOSTHNES, FRITZ
7020 NW 3RD AVE
MIAMI FL 33150

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 FRITZ DEMOSTHNES

MARCH 7, 1997

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME DEMOSTHNES, FRITZ
STREET ADDRESS 7020 NW 3RD AVENUE
CITY-ST-ZIP MIAMI FL

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

TITLE D
NAME DEMOSTHNES, MULTIDA-M.
STREET ADDRESS 7020 NW 3 AVE
CITY-ST-ZIP MIAMI FL

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

TITLE D
NAME FRENELLE, RAYMOND MAX
STREET ADDRESS 850 N.W. 110 ST.
CITY-ST-ZIP MIAMI FL

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

TITLE Counselor
NAME MARIE VENANTE MONCHER
STREET ADDRESS 23 NE 47 ST.
CITY-ST-ZIP MIAMI FLA 33137

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

TITLE Counselor
NAME LOLITA. ST MILAIRE
STREET ADDRESS 345 NW 34th Apt. 6
CITY-ST-ZIP MIAMI FLA 33137

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

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: FRITZ DEMOSTHNES

3-7-97

(305) 756 6719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030777

CR2E037 (9/96)