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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16998

1. Corporation Name
 EGLISE DU NAZAREEN LIBRE, INC.

Principal Place of Business

7640 ONE 2 AVE
 MIAMI FL 33138
 US

Mailing Address

7020 NW 3RD AVE
 MIAMI FL 33150
 US



2. Principal Place of Business

21 7640 ONE 2 AVE
 Suite, Apt. #, etc.

2a. Mailing Address

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

3. Date Incorporated or Qualified

09/25/1986

4. FEI Number

59-2722497

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

22 City & State

23 MIAMI FLA

27 City & State

28 MIAMI

24 33138 25

Country

29 33150 30

Country

FLA

9. Name and Address of Current Registered Agent

DEMOSTHNES, FRITZ
 7020 NW 3RD AVE
 MIAMI FL 33150

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Demosthenes Fritzkaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMOSTHENES, FRITZ	1.2 NAME	7020 N.W. 3RD AVENUE (Secretary)
STREET ADDRESS	7020 NW 3RD AVENUE	1.3 STREET ADDRESS	MIAMI FL 33150
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DEMOSTHENES, MULTIDA-M.	2.2 NAME	
STREET ADDRESS	7020 NW 3 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	FRENELLE, RAYMOND MAX	3.2 NAME	
STREET ADDRESS	850 N.W. 110 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MARIE VENANTE MONCHER	4.2 NAME	
STREET ADDRESS	23 NE 47 ST 235 NE 47st	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	LOLITA ST HILAIRE	5.2 NAME	
STREET ADDRESS	345 NW 34 ST APT 6	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Demosthenes Fritzkaine

2-10-99

(305) 7566719

CR2E037 (1/198)