

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N21275** (5)

1. Corporation Name

MISSION L'EGLISE DE JESUS CHRIST, INC.



Principal Place of Business CHURCH OF JESUS CHRIST SABBATH KEEPING 1045 26TH STREET ORLANDO FL 32805	Mailing Address CHURCH OF JESUS CHRIST SABBATH KEEPING 1045 26TH STREET ORLANDO FL 32805
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3. Date Incorporated or Qualified 06/23/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2820349	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Orlando, FL 24 Zip 32805 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Orlando, FL 29 Zip 32805 30 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

9. Name and Address of Current Registered Agent CINCYR, NERCIUS TULANE DR. 534 ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent 81 Name Nercius Cincyr 82 Street Address (P.O. Box Number is Not Acceptable) Tulane Dr. 534 83 84 City Altamonte Springs FL 85 Zip Code 32714

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CINCYR, NERCIUS		1.2 NAME Nercius Cincyr	
STREET ADDRESS 1045 26TH STREET		1.3 STREET ADDRESS 1045 26th Street	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Orlando, FL	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAPTISTE, JESUMONT JEAN		2.2 NAME Jesumont Jean Baptiste	
STREET ADDRESS 1043 1/2 26TH STREET		2.3 STREET ADDRESS 1043 1/2 26th Street	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Orlando, FL	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCATE, MARIE		3.2 NAME marie Lucate	
STREET ADDRESS 1045 26TH STREET		3.3 STREET ADDRESS 1045 26th Street	
CITY-ST-ZIP ORLANDO FL 32805		3.4 CITY-ST-ZIP Orlando, FL 32805	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SERAPHINE, LUC		4.2 NAME Luc Seraphine	
STREET ADDRESS 1045 26TH STREET		4.3 STREET ADDRESS 1045 26th Street	
CITY-ST-ZIP ORLANDO FL 32805		4.4 CITY-ST-ZIP Orlando, FL 32805	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____

CR2E037 (10/97)