

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # N21391 (0)

1. Corporation Name
EGLISE DE DIEU MONT DES OLIVIERS LA NOUVELLE JER USALEM, INC.

Principal Place of Business

Mailing Address

**C/O JEAN LAURORE
 11110 N.W. 6TH AVENUE
 MIAMI FL 33168**

**C/O JEAN LAURORE
 11110 N.W. 6TH AVENUE
 MIAMI FL 33168**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**LAURORE, JEAN
 11110 N.W. 6TH AVENUE
 MIAMI FL 33168**

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 of 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 *Jean O. Laurore*

(NOTE: Registered Agent signature required when reinstating)

7/2/98
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	[] DELETE
NAME	LAURORE, JEAN O.	
STREET ADDRESS	11110 N.W. 6 AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	[] DELETE
NAME	NEREUS, GARY	
STREET ADDRESS	12355 N.W. 16TH AVE.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	M	[] DELETE
NAME	DETEMPS, BONTE	
STREET ADDRESS	7272 N.E. 6TH CT., APT. 4	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	[] DELETE
NAME	BAPTISTE, YANICK JEAN	
STREET ADDRESS	735 N.W. 144 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	[] Change [] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	[] Change [] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	[] Change [] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	[] Change [] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	[] Change [] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	[] Change [] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *Jean O. Laurore*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/98
 DATE

Daytime Phone #

CR2E037 (5/98)