1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N26835**

1. Corporation Name

2. Principal Place of Business

EGLISE EVANGELIQUE DE LA BIBLE, INC.

,	
Principal Place of Business	h
500 NORTHWEST 54 ST. APT. BLDG.	5
MIAMI FL 33127	A
US	t

Mailing Address

500 NORTHWEST 54 ST. APT, BUILDING MIAMI FL 33127

2a. Mailing Address

FILED
May 07, 1999 8:00 am §
Secretary of State
05-07-1999 90103 029 \*\*\*\*61.25



3. Date Incorporated or Qualifed

06/07/1988

Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number			App	led For		
	ami FL	27	,		65-0130494			Not	Applicable		
	City & State City & State			5. Certifcate of Status Desired			\$8.75 Additional				
3 3319	7312) TADE 28 "						Fee Required				
Zip					6. Election Campaign Financing				\$5.00 May Be		
25 29 30			)	Trust Fund Contribution Added to Fees							
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New	Registered .	Agent				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	81	Name								
SATINE, Y	ACINTHE	82	82 Street Address (P.O. Box Number is Not Acceptable)								
	29TH TERRACE	62	Street Address (F.O. DOX Nothbell is Not Acceptable)								
		83		1							
MIAMI FL 33127											
and the second second				City	FL			85 Zip Code			
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	the above	-named corpo	ration submits this statement for the	e purpose of	changi	ng its r	egistered		
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.											
agent. I a	m tamiliar with, and accept the colliga	ations of, Section 617.0303, Florida	a Statutes.	•					,		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: Re	cistered Agen	t signatura required	when reinstating)	DATE					
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIR	CTOR	S IN 12		
TITLE	D	☐ DELETE	1.1 TITLE				Ch	ange	☐ Addition		
NAME	SATINE, YACINTHE		1.2 NAME								
STREET ADDRESS	1068 N.W. 29TH TERRACE		1.3 STREET	ADDRESS					{		
	MIAMI FL		1.4 CITY-ST								
TITLE	N Internation	☐ DELETE	2.1 TITLE	1-2JF			Ch	ange	Addition		
NAME	JACQUES, JEANNE	<b>—</b>	2.2 NAME					-	_		
. 1	1068 N.W. 29TH TERRACE		2.3 STREET	AUDDEGG							
STREET ADDRESS	MIAMI FL	, we shake	2.4 CITY-S		k was Ma						
CITY-ST-ZIP .			3.1 TITLE	5-ZIP			. □ Ch	ange	Addition		
TITLE			3.2 NAME					•	_		
NAME	KETTLY, SAINTVIL			4000500							
STREET ADDRESS	1068 N.W. 29TH TERRACE		3.3 STREET	i							
CITY-ST-ZIP	MIAMI FL	☐ DELETE	3.4. CFTY-S	T-ZIP			[ ] Ch	2008	Addition		
TITLE	I FAME EDINIONISE	C DELETE	4.1 TITLE				[] [	u. igu			
NAME	JEAN, FRANCOISE		4. 2 NAME								
STREET ADDRESS	130 N.E. 49 ST.		4.3 STREET	1					ł		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST	r-ZIP					Addition		
TITLE	D	☐ DELETE	5.1 TITLE				☐ Ch	ange	☐ Audition		
NAME	PIERRE, VIERGELA		5.2 NAME								
STREET ADDRESS			5.3 STREET	- 1					[		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST	r-zip			p-m a-				
TITLE		☐ DELETE	6.1 TITLE				Ch	ange	Addition		
NAME			6.2 NAME						i		
STREET ADDRESS			6.3 STREET	ADDRESS							
CITY-ST-ZIP		:	6.4 CITY-ST								
	L-m-				action 110 07/3\/i\ Elarida Statutos	1 6 46		44 - 1-4			

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

OIDITALUIL INCLUMENTAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APril 30, 1999 (305

9 (305) 638-9864

(80/11) (11/08)