

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 11:00

DOCUMENT # **N39136** (9)

1. Corporation Name

EGLISE DE DIEU DU DERNIER TEMPS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14435 NW 7 AVE. MIAMI FL 33150 US	14435 NW 7 AVE. MIAMI FL 33150 US

3. Date Incorporated or Qualified 07/17/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0229464	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RICHMOND, LAMBERT
1070 N.W. 108 ST
MIAMI FL 33168

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BONHOMME, JOSEPH D.
STREET ADDRESS	1 NW 88TH ST
CITY - ST - ZIP	MIAMI FL 33150
TITLE	DS
NAME	CADET, LAVANETTE
STREET ADDRESS	1330 NE 146TH STREET
CITY - ST - ZIP	MIAMI FL 33161
TITLE	DT
NAME	BONHOMME, YVENIE
STREET ADDRESS	1 NW 88TH ST
CITY - ST - ZIP	MIAMI FL 33150
TITLE	PD
NAME	BELLEVUE, AGNES
STREET ADDRESS	1260 NW 118TH STREET
CITY - ST - ZIP	MIAMI FL 33168
TITLE	PD
NAME	PETIT-CAR, SYLACE
STREET ADDRESS	1 NW 88 ST.
CITY - ST - ZIP	MIAMI FL 33150
TITLE	VP
NAME	RICHMOND, LAMBERT
STREET ADDRESS	1070 NW 108TH ST.
CITY - ST - ZIP	MIAMI FL 33168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 of the corporation; and that my name appears in Block 12 or Block 13 if change of any officer or director is indicated in an attachment with an address authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: _____ (Type or Printed Name of Signing Officer or Director) **3-8-95** (Date)