

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **N39136** (9)  
 1. Corporation Name  
**EGLISE DE DIEU DU DERNIER TEMPS, INC.**



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

3. Date Incorporated or Qualified **07/17/1990** 3a. Date of Last Report **03/27/1995**  
 4. FEI Number **65-0229464** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**AMBROISE DESIR**  
**673 NE 86 Street**  
**MIAMI FL 33138**

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BONHOMME, JOSEPH D.	
STREET ADDRESS	1 NW 88TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	AMBROISE DESIR	
STREET ADDRESS	673 NE 86 Street	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BONHOMME, YVENIE	
STREET ADDRESS	1 NW 88TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELLEVUE, AGNES	
STREET ADDRESS	1260 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PETIT-CAR, SYLACE	
STREET ADDRESS	1 NW 88 ST.	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 331	

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 119.07(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 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: **Joseph D. Bonhomme**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-17-96** Telephone # **305/769-9153**

CR2E037 (3/96)