


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jul 28 1997 8:00am
Secretary of State

NON PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **N39136**
1. Corporation Name
**EGLISE DE DIEU DU DERNIER TEMPS, INC.
OR
CHURCH OF GOD OF THE LAST TIME.**

Principal Place of Business Mailing Address
**6300 NE 2nd AVE.
MIAMI, FL. 33138** **12620 NE 4th. AVE.
N. MIAMI, FL. 33161**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
4. FEI Number 65.0229464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

10. Name and Address of New Registered Agent

81	Name	PAUL ELIZEE
82	Street Address (P.O. Box Number is Not Acceptable)	340 NW 140 St.
83	City	MIAMI
84	State	FL
85	Zip Code	33168

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

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	JOSEPH D. BONHOMME	<input type="checkbox"/> DELETE
STREET ADDRESS	12620 NE 4th AVE.			
CITY-ST-ZIP	N. MIAMI, FL. 33161			
TITLE	VP	NAME	YVENIE BONHOMME	<input type="checkbox"/> DELETE
STREET ADDRESS	12620 NE 4th AVE.			
CITY-ST-ZIP	N. MIAMI, FL. 33161			
TITLE	D	NAME	AGNES BELLEVUE	<input type="checkbox"/> DELETE
STREET ADDRESS	1260 NW 118 St			
CITY-ST-ZIP	MIAMI, FL. 33167			
TITLE	D	NAME	SILAS PETIT-CAR	<input type="checkbox"/> DELETE
STREET ADDRESS	673 NE 86 St.			
CITY-ST-ZIP	MIAMI, FL. 33138			
TITLE	D	NAME	PAUL ELIZEE	<input type="checkbox"/> DELETE
STREET ADDRESS	340 NW 140 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	

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14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, attached, or in an attachment with an address.

SIGNATURE: Joseph D. Bonhomme **JOSEPH D. BONHOMME** Date: **6-18-97** 305/895-4494

CR2E034 (9/96)