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

DOCUMENT # N39136

(9)

EGLISE DE DIEU DU DERNIER TEMPS, INC.				1.00111.01.0011.011.011.011.011.011.011	
Principal Place of Business Mailing Address				1 (SOLLION ROD LININ ENIND CINON IIIIN	afil blak biası bibli dibli bibli bibli
6309 NE 2ND AVE. 12620 NE 4TH AVE. MIAMI PL 33138 N. MIAMI FL 33161				3. Date Incorporated or Qualified 07/17/1990 4. FEI Number	Analysi Fra
				65-0229464	Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address			\$8.75 Additional
21 126		26		5. Certificate of Status Desired	Fee Required
Sulte, Apt.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & Stat		City & State		7. Is this nonprofit corporation a he	
23 M/A/		26	Country		YesNo
24 3316	25 MIAMI-DAD	- L L	<b>-</b>	This corporation owes or has pa  Personal Property Tax due June	
24 9010	9. Name and Address of Curren			10. Name and Address of New Re	
			81 Name		
ELI <b>XE</b> E, P.	KIA		82 Street	IRLEY DAUPHINE	10)
340 NW.1			12	Address (P.O. Box Number le Not Acceptate	ne)
MIAMILEL			83		
			84 CIW.		85 Zin Code
			NOR	PTH MIAM!	FL 85 3161
11. Pursuant i	to the provisions of sections 617.0502 a	and 617.1508, Florida Statutes, th	he above-named co	rporation submits this statement for the purporation's board of directors. I bereby accept the	ose of changing its registered
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 applicate with, and accept the obligations of, section 617.0503, Florida Statutes.					
SIGNATURE	Anulli	inco e			131148
12.	Shifteture, typed or wind name of registered agent OFFICERS AN		13.	re required when reliefating)  ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CITAINGES TO OFF	Change Addition
NAME	BONHOMME, JOSEPH D.	DECETE	1.2 NAME		[_] Clisingo [_] Addison
STREET ADDRESS	12620 NE 4TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		1.4 CITY-ST-ZIP		
TITLE	D	DELETE	2.1 TITLE	D	Change Addition
NAME	ELIZEE, PAUL		2.2 NAME	SHIRLEY DAUPHINE 12620 N.E. 974 AVE	/
STREET ADDRESS	340 NW 140TH ST		2.3 STREET ADDRESS	12620 N.E. 474 AVE	
CITY-ST-ZIP	MIAMI FL 33138		2.4 CITY-ST-ZIP	NORTHMIAMI, FL 3316	
TITLE	VP	☐ DELETE	3.1 TITLE 3.2 NAME		Change Addition
NAME STREET ADDRESS	BONHOMME, YVENIE   12820 NE 4TH AVE		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		3.4 City-St-ZiP		
TITLE	D	DELETE	4.1 TITLE		Change Addition
NAME	BELLEVUE, AGNES	L) OLLETE	4.2 NAME		□ Amerike □ vocitor
STREET ADDRESS	1260 NW 118TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	PETIT-CAR, SILAS		5.2 NAME		
	1010 110 00111 01.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS		
CITY-ST-ZIP			6.3 STREET ADDRESS		
	ertify that the information supplied with	this filing does not qualify for the		l n section 119.07(3)(i), Florida Statutes. I furth	ner certify that the information
indicated an officer in Block 1	on this annual report or supplemental or director of the corporation or the re- 2 or Block 13 if changes, or an arranta	innual report is true and accurated to a service or trustee empowered to a service empower empower empored to a service empower empower empored to a service empower empow	te and that my sign execute this report د کار	n section 119.07(3)(i), Florida Statutes. I furti ature shall have the same legal effect as if n as required by Chapter 617, Florida Statutes	nade under oath; that I am ; and that my name appears

GNING OFFICER OR DIRECTOR

7-10-98
Date Destine Phone #

FILED

Aug 26 1998 8:00am

Secretary of State