

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90095 024 ****70.00

DOCUMENT # N39136

1. Entity Name

EGLISE DE DIEU DU DERNIER TEMPS, INC.

Principal Place of Business

1267 NW 119TH ST
 MIAMI FL 33168
 US

Mailing Address

12620 NE 4TH AVE.
 N. MIAMI FL 33161-4647

C0041877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8380 N.E. 2nd Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number

65-0229464

Applied For

Not Applicable

Zip
33138

Country
US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAUPHINE, SHIRLEY
12620 NE 4TH AVE
NORTH MIAMI FL 33161

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BONHOMME, JOSEPH D.	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAUPHINE, SHIRLEY	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BONHOMME, YVENIE	
STREET ADDRESS	12620 NE 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELLEVUE, AGNES	
STREET ADDRESS	1260 NW 118TH STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETIT-CAR, SILAS	
STREET ADDRESS	673 NE 86TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SEAL NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-16-00

CR2E037 (9/99)