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Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**



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

DOCUMENT # *N41015*
 1. Corporation Name
Eglise de Dieu du Calvaire

Principal Place of Business Mailing Address
1339 W. Washington st P.O. Box 555133
Orlando, FL 32855

2. Principal Place of Business 21 <i>n/a</i>	2a. Mailing Address 26 <i>N/A</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

3. Date Incorporated or Qualified <i>Nov. 14, 1990</i>	3a. Date of Last Report <i>Oct. 18, 1996</i>
4. FEI Number <i>59-3045226</i>	Applied For Not Applicable
5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
Pasteur Jean-Marie
5511 Conroy Rd Apt 4
Orlando, FL 32811

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Pasteur Jean-Marie* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Rev. Pasteur Jean-Marie (President and Pastor)	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Pasteur Jean-Marie	1.2 NAME	
STREET ADDRESS	5511 Conroy Rd #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32811	1.4 CITY-ST-ZIP	
TITLE	Esther Jean-Marie	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esther Jean-Marie	2.2 NAME	
STREET ADDRESS	5511 Conroy Rd #4	2.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32811	2.4 CITY-ST-ZIP	
TITLE	Elienne Fortilus	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elienne Fortilus	3.2 NAME	
STREET ADDRESS	5849 E. on Ar.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	3.4 CITY-ST-ZIP	
TITLE	Ernst Rene	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernst Rene	4.2 NAME	
STREET ADDRESS	7736 Ravana Dr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32822	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pasteur Jean-Marie* *7/8/97* *(407) 521-0282*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)