


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41015 (1)**  
1. Corporation Name  
**EGLISE DE DIEU DU CALVAIRE, INC.**



Principal Place of Business <b>1339 W. WASHINGTON AVE ORLANDO FL 32855</b>	Mailing Address <b>P.O. BOX 555133 ORLANDO FL 32855</b>
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3. Date Incorporated or Qualified  
**11/14/1990**

4. FEI Number <b>59-3045226</b>	Applied For <input type="checkbox"/> Not Applicable
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21. Principal Place of Business <b>1339 W. Washington St</b>	22. Mailing Address <b>P.O. Box 555133</b>
22. Suite, Apt. #, etc. <b>2nd Floor</b>	27. Suite, Apt. #, etc.
23. City & State <b>Orlando, FL</b>	28. City & State <b>Orlando, FL</b>
24. Zip <b>32805</b>	25. Country <b>USA</b>
29. Zip <b>32855</b>	30. Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**JEAN-MARIE, PASTEUR  
5511 CON ROY ROAD  
APT. 4  
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81. Name <b>Same</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>P D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEAN-MARIE, PASTEUR</b>	
STREET ADDRESS	<b>5511 CONROY ROAD, # 4</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JEAN-MARIE, ESTHER</b>	
STREET ADDRESS	<b>7736 ROVANNA DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>FORTILUS, ELIENNE</b>	
STREET ADDRESS	<b>5849 ELON DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RENE, ERNIST</b>	
STREET ADDRESS	<b>7736 RAVANA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Jean Marie Pasteur* 6/12/98

CR2E037 (10/97)