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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41015

1. Corporation Name

EGLISE DE DIEU DU CALVAIRE, INC.

Principal Place of Business 1339 W WASHINGTON ST -2ND FL ORLANDO FL 32805

2. Principal Place of Business

US

Mailing Address

P.O. BOX 555133 ORLANDO FL 32855

2a. Mailing Address

US

FILED Jul 06, 1999 8:00 am Secretary of State

07-06-1999 90010 002 ****70.00



32855 3. Date Incorporated or Qualified

21 Sam	e 1339 W. Washinston	\$ 26 P. O. Box 355133	Orlandoth	1.1/14/1990	
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 / / A		27	·	59-3045226	· Not Applicable
City & Stat	ie	City & State	-)	5. Certifcate of Status Desired	\$8.75 Additional
23 ORla	ndo. tL	28 ORlando . t	<i>L</i>	3. Certificate of Status Desired (g)	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24 3281	5 25 U.S.A	29 32855 30	115A	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
81 Name D + T : 94/					
JEAN-MARIE, PASTEUR 82 Street Address (P.O. Box Number is Not Acceptable)					
APT. 4 ORLANDO FL 32811 BA City - 1 185 Zin Code					
UHLANDU	FL 32811		84 City	C+OV TI	85 Zip Code
		·	\perp \downarrow	inter Park, FL FI	<u> </u>
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 of the corporation's board of directors. I be provided the appointment as 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 fargiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Butter from fair PA					
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE ONTE					
12.	F/ ØFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	☐ DELETE	1.1 TILE	plaster. Dr. Marie	Change Addition
NAME	JEAN-MARIE, PASTEUR		1.2 NAME	Pasteur Jean-Marie	
STREET ADDRESS	5511 CONROY ROAD, # 4		1.3 STREET ADDRESS	291 scottsdale square	
CITY-ST-ZIP	ORLANDO FL 32811		1.4 CITY-ST-ZIP	nobydo FL 32792	
TITLE	D	☐ DELETE	2.1 TITLE	N TATION LE SO III	☐ Change ☐ Addition
NAME	JEAN-MARIE, ESTHER		2.2 NAME	Ether Tean Warse	• -
				FSHIP TO SOUTH	`
STREET ADDRESS	7736 ROVANNA DR		2.3 STREET ADDRESS	291 scotts date spilled	
City-st-zip	ORLANDO FL 32822	G pc mag	2. 4 CITY-ST-ZIP	WINKER FAIL, The Sollo	Change C Addition
TITLE	 	☐ DELETE	3.1 TITLE	To Titles	Change Addition
NAME	FORTILUS, ELIENNE		3.2 NAME	Ellenne, toxilius	
STREET ADDRESS	5849 ELON DR.		3.3 STREET ADDRESS	5849 Elon 1x.	
CITY-ST-ZIP	ORLANDO FL 32808		3.4. CITY-ST-ZIP	ORlando . F.Z. 32808	
TITLE	D	☐ DELETE	4.1 TITLE	7. / 2" .	☐ Change ☐ Addition
NAME	RENE, ERNIST		4.2 NAME	Fenst Kene	
STREET ADDRESS	7736 RAVANA DRIVE		4.3 STREET ADDRESS	7736 Ravana Arive	*
CITY-ST-ZiP	ORLANDO FL 32822		4.4 CITY-ST-ZIP	0x12400 FL 32822	
TITLE		☐ DELETE	5.1 TILE		☐ Change ☐ Addition
NAME			5.2 NAME	•	
	·*		5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channa Dadina
TITLE		☐ DELETE	6.1 TITLE		☐ Change │ ☐ Addition
NAME			6.2 NAME		•
STREET ADDRESS		I	6.3 STREET ADDRESS	•	
CITY-ST-ZIP	<u> </u>		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, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tune 23, 99 (407) 657-033

CR2E037 (11/98