


**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90215 023 \*\*\*\*\*1.75  
 04-27-1999 90215 024 \*\*\*\*\*61.25

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N92000000394**

1. Corporation Name  
**EGLISE DE DIEU PENTECOSTAL-INDEPENDENT, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>512 SUNSET DR # 8 ORLANDO FL 32805 US | Mailing Address<br>512 SUNSET DR # 8 ORLANDO FL 32805 US |
|--|--|



|  |   |   |   |                                |
|--|---|---|---|--------------------------------|
| 2. Principal Place of Business<br>21 2140 Church st<br>Orlando<br>Florida<br>32805 | 2a. Mailing Address<br>26 512 Sunset Dr<br>Apt 8<br>Orlando FL<br>32805 | 3. Date Incorporated or Qualified<br>11/18/1992           | 4. FEI Number<br>65-0427680                               | Applied For<br>Not Applicable  |
| 22 Orlando   | 27 Apt 8  | 5. Certificate of Status Desired<br>6                     | 5. Certificate of Status Desired<br>6                     | \$8.75 Additional Fee Required |
| 23 Florida   | 28 Orlando FL   | 6. Election Campaign Financing<br>Trust Fund Contribution | 6. Election Campaign Financing<br>Trust Fund Contribution | \$5.00 May Be Added to Fees    |
| 24 32805   | 29 32805  |   |   |                                |

9. Name and Address of Current Registered Agent

**JULES, ANDRE I**  
 1281 N.W. 116TH ST  
 MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name **PIERRE ETIENNE 2140 C Orange Center Blvd**  
 82 Street Address (P.O. Box Number is Not Acceptable) **Orlando FL 32805**  
 83  
 84 City **FL** 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 *Andre Jules* DATE **5/14/99**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | JULES, ANDRE I                  |
| STREET ADDRESS | 1281 NW 116TH ST                |
| CITY-ST-ZIP    | MIAMI FL 33168                  |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | AUGUSTIN, EVELYN                |
| STREET ADDRESS | 512 SUNSET DR                   |
| CITY-ST-ZIP    | ORLANDO FL 32805                |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | MERANDIEU, CADET                |
| STREET ADDRESS | 2141 C ORANGE CENTER BLVD.      |
| CITY-ST-ZIP    | ORLANDO FL 32805                |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | LOUIS, RAYMOND                  |
| STREET ADDRESS | 512 SUNSET DR                   |
| CITY-ST-ZIP    | ORLANDO FL 32805                |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | LAMARRE, EMMANUEL               |
| STREET ADDRESS | 2141 C ORANGE CENTER BLVD.      |
| CITY-ST-ZIP    | ORLANDO FL 32805                |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           | Pastor. Andre I. Jules          |
| STREET ADDRESS | 512 Sunset Dr Apt 8             |
| 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           | Jules Andre I   |
| 1.3 STREET ADDRESS | 512 Sunset Dr Apt 8   |
| 1.4 CITY-ST-ZIP    | Orlando FL 32805  |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Augustin Evelyn   |
| 2.3 STREET ADDRESS | 512 Sunset Dr Apt 8   |
| 2.4 CITY-ST-ZIP    | Orlando FL 32805  |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Louis Raymond   |
| 3.3 STREET ADDRESS | 2141 C Orange Center Blvd   |
| 3.4 CITY-ST-ZIP    | Orlando FL 32805  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | Lamarr Emmanuel   |
| 4.3 STREET ADDRESS | 512 Sunset Dr Apt 8   |
| 4.4 CITY-ST-ZIP    | Orlando FL 32805  |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | 2141 C Orange Center Blvd   |
| 5.3 STREET ADDRESS | Orlando FL 32805  |
| 5.4 CITY-ST-ZIP    | Pierre Etienne  |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    | Orlando FL 32805  |

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

5/14/99 (407) 947-7214

Pastor. Andre I. Jules

CR2E037 (11/98)