FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

✓ 1995

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

APPROVED AND FILED

95 MAR -2 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000392 (1)

1. Corporation Name

L'EGLISE DE DIEU DES ELUS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
(324 NE 80TH TERRACE MIAMI FL 33138) will be 6942 N.E. 4 Ave Miami, Fl 33138	1400 NE 117TH ST. NORTH MIAMI FL 33161

3. Date Incorporated or Qualified: 01/29/1993
3a. Date of Last Report: 09/22/1994
4. FEI Number: 65-0387696 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 6942 N.E. 4 Ave Mia.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, FL	28 City & State
24 Zip: 33138 25 Country: DADE	29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ ~~$68.75~~ Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENSPAN, MELVYN G 3550 BISCAYNE BLVD SUITE 404 MIAMI FL 33137	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~ Executive Director	1.1 TITLE	Executive Director ☐ Change ☐ Addition
NAME	FILUS, BYRON	1.2 NAME	FILUS, BYRON
STREET ADDRESS	1400 NE 117TH ST.	1.3 STREET ADDRESS	1400 N.E. 117st N. Mia, Fl 33161
CITY-ST-ZIP	N. MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	~~PD~~ Officer Director	2.1 TITLE	Officer Director ☐ Change ☐ Addition
NAME	FILUS, JACKSON	2.2 NAME	JACKSON FILUS
STREET ADDRESS	1431 NE 14TH ST.	2.3 STREET ADDRESS	1431 N.E. 148 Street N. Mia, Fl 33161
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	PD Director ☐ Change ☐ Addition
NAME	~~MARCELLUS, MARIE L~~ not on my List?	3.2 NAME	ANDRÉ, SAINT-IL
STREET ADDRESS	~~1400 NE 117TH ST.~~	3.3 STREET ADDRESS	757 NE 85st Mia, FL 33138
CITY-ST-ZIP	~~N. MIAMI FL~~	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Secretary D' ☐ Change ☐ Addition
NAME	CHERY, ELIMOR	4.2 NAME	EMMANUEL DARVILLE,
STREET ADDRESS	861 NW 114TH ST.	4.3 STREET ADDRESS	753 N.W. 145st Mia, FL 33168
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	SAINT-IL ANDRÉ, Resident Direct	5.1 TITLE	T Chery, Elimor ☐ Change ☐ Addition
NAME	757 NE 85 Street	5.2 NAME	861 N.W. 114 th Street
STREET ADDRESS	Miami, Fl 33138	5.3 STREET ADDRESS	Miami, Fl 331
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	EMMANUEL DARVILLE, Secretary	6.1 TITLE	☐ Change ☐ Addition
NAME	753 NW 145 St	6.2 NAME	
STREET ADDRESS	Miami, Fl 33168	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 2/13/95 (305) 873-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043631