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NONPROFIT CORPORATION— ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

DOCUMENT # EGLISE DE DIEU DES ELUS, INC.

1. Corporation Name
8340 N.E. 2nd AVE ste#104 MIAMI, FL 33138

N93000000392

Principal Place of Business

- SIGNATURE:

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EGLISE DE DIEU DES ELUS, INC.

1400 N.E.117 th STREET N. MIAMI, FL 33161

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90077 029 ****75.00

Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed					
21	26	SAME				09- 23 93					
Suite, Apt.	#, etc. Suite,	Suite, Apt. #, etc.				4. FEI Number 65-0387696 N-9300000392				lied For	
22	27				14	300000	033/2-			Applicable	
City & State City & State			ا و نا	کارسوستاسه راگرستار بازدی	-5-Certificate of Status Desired - 5						
23 28					ree Kequireo						
Zip	Country Zip	Co	untry		6. Election	n Campaign Fi	nancing A		\$5.00 N		
24	25 29	30				und Contributi			Added to	Fees	
	9. Name and Address of Current Registered A		L.,		10. Name	and Address	of New Registere	d Ager	<u>1t</u>		
Breenspan MELUYN G.				81 Name							
Breenspan, MELUYN G. 3500 BISCOUND BLUD Swite 404 MIAME, FI 33137			82 Street Address (P.O. Box Number is Not Acceptable)								
			83								
			84	City	1		· F	L 85	5 Zip Co	ode	
11. Pursuant	to the provisions of Sections 617.0502 and 617.1508	, Florida Statutes, the	above	-named co	orporation submi	ts this statemen	nt for the purpose	of chan	ging its rea	egistered	
office or re agent. I a	egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	n change was authorize n 617.0503, Florida Sta	tutes	tne corpora	ation's board of	irectors, r nere	юу ассері іне арр	OHILLING	iii as regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	o /NOTE: Begisters	d Agent	t sionature requ	uired when reinstating)		DATE				
12.	Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS	e. (NOTE: Registere		- manarine redn			S TO OFFICERS	AND D	RECTOF	RS IN 12	
TITLE			TITLE		D. Rev.				Change .	☐ Addition	
	REV. BYRON FILUS PRES		NAME								
NAME	1400"NTE. 117 th ST.N	·MIA·FL			1400 nE	117 one	eF				
STREET ADDRESS	λ	33161 ■			N. MIAM	ĭ, F(3	3161				
CITY-ST-ZIP	D•	1.41	CITY-ST	r-ZIP				——	Change	Addition	
TITLE	EMMANUEL DARVILLE 🗫	•	TITLE	דן	1. Sime	ion, Ja	CE14N	ш	Change	Addition	
NAME	14695 N.E.18th AVE.# HL			٠ ١ ،	14699 N	E16 AUR	#3#				
STREET ADDRESS N. MIAMI, FL 33181			STREET	ADDRESS '	N. MIAN	Je CI	33181				
CITY-ST-ZIP			CITY_S	T-ZIP	N. Plini	<u> </u>	,,,,,,	·			
TITLE	TOLEME VALENTIN SEC.	DELETE 3.1	TITLE				=5 nintvi	:/=_	Change	Addition	
NAME				_	T. Anti	+1103	- 	t			
STREET ADDRESS	775-NE.83th_STREET			ADDRESS	390-11E-113 2 West						
CITY-ST-ZIP	MIAMI, FL 33138			T-ZIP	HIAMP.	FI	33161				
TITLE	JOCELYN SIMEON TREAS.		TITLE				el DARVI	The 🗆	Change	☐ Addition	
NAME	14699 N.E.18th AVE.#2	H I	NAME	1			W##L				
STREET ADDRESS	N. MIAMI, FL 33181	4.3		AUURESS	N. MiA	-					
CITY-ST-ZIP	·		CITY-ST		•		,		Change	Addition	
TITLE 3	ANTANUS SAINTVIL #2TR	EAS. 5.1	TITLE		S. Tole	ME 1/A	len-tin		Change	Addition	
NAME	390 N.E.113th STREET	J.2	NAME		775 NE						
STREET ADDRESS				ADDITION	_		_ ,				
CITY-ST-ZIP			CITY-S1	Γ- ZIP	HIAMP,	<u></u>	33138				
TITLE	MATILDE SAINTVIL CONS	☐ DELETE 6.1	TITLE	/	C. MAH	ilde a	131400		Change	☐ Addition	
NAME	390 N.E.113±hSTREET		NAME	1	_	TIME -1	+ 61 x				
STREET ADDRESS	626		STREET	ADDRESS	240	VE 113	th Street				
CITY_ST_7ID	-		CITY-ST		Minni		-1 33161				
44 15	certify that the information supplied with this filing doe	es not qualify for the ex	empti	on stated in	n Section 119 0	7(3)(i) Florida	Statutes. I further o	certify th	nat the in	formation	
indicated	pertify that the information supplied with this mind of on this annual report or supplemental annual report director of the corporation or the receiver or trustee of	is true and accurate an	d that	: mv signati	ture snall nave tr	ne same legal e	itect as il made ui	nger oa	iui, iriai i	aman	
Block 12	or Block 13 if changed, or on an attachment with an	address, with all other I	ike en	npowered.	quild by Oriapi	J. 011, 1 101144	/ -	, ,,,,,,,,	pp-51		
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