

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000003343 (1)**

1. Corporation Name  
**MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.**



Principal Place of Business  
**450 N.E. 79TH STREET  
MIAMI FL 33150  
US**

Mailing Address  
**P.O. BOX 380636  
MIAMI FL 33238  
US**

3. Date Incorporated or Qualified **07/26/1993**      3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 <b>450 N.W. 79 Street</b>	26 <b>P.O. Box 380636</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>MIAMI Florida</b>	28 <b>MIAMI Florida</b>
24 <b>33150</b> 25 <b>DADE</b>	29 <b>33238</b> 30 <b>DADE</b>

4. FEI Number <b>65-0426776</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
CORAL GABLES FL 33134**

81 Name	<b>N/A</b>
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	<b>FL</b>

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 6-7.0503, Florida Statutes.

SIGNATURE

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNACHE, JACQUES A REV</b>	1.2 NAME
STREET ADDRESS	<b>1759 MARSEILLES DRIVE, #5</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNACHE, MARIE M</b>	2.2 NAME
STREET ADDRESS	<b>1759 MARSEILLE DRIVE, #5</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERON, JULNEAU</b>	3.2 NAME
STREET ADDRESS	<b>7400 N.E. 6TH COURT, #8</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIROGENE, ETIENNE</b>	4.2 NAME
STREET ADDRESS	<b>2033 CALAIS DRIVE #4</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUNACHE, MARIE J</b>	5.2 NAME
STREET ADDRESS	<b>1759 MARSEILLE DRIVE, #5</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERICIER, ROSITA B</b>	6.2 NAME
STREET ADDRESS	<b>5121 N.W. 2ND AVENUE</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP

**N/A**

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 prosecute 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: **Rev. Jacques A. Brunache**      4-25-96 305 949 7240  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (12/95)