


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90166 015 \*\*\*\*61.25

**DOCUMENT # N93000003343**

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



Principal Place of Business  
 8397 NE 2ND AVE.  
 MIAMI, FL 33138 US

Mailing Address  
 PO BOX 1544  
 MIAMI, FL 33238 US

05032004



2. Principal Place of Business  
 8397 NE 2ND AVE.  
 MIAMI FL

3. Mailing Address  
 P.O. BOX 1544

05032004 Chg-NP CR2E037 (10/03)

City & State  
 MIAMI Florida

City & State  
 MIAMI Florida

Zip  
 33138

Country  
 DADE

Zip  
 33238

Country  
 DADE

4. FEI Number  
 65-0426776

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	BRUNACHE, JACQUES A REV	
STREET ADDRESS	1759 MARSEILLES DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRUNACHE, MARIE M	
STREET ADDRESS	1759 MARSEILLE DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LUCIEN, JACQUES	
STREET ADDRESS	13700 NE AVE, #313	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FORNES, CARMEN	
STREET ADDRESS	550 SW 115TH AVE, #E-1	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MONGERARD, PIERRE I REV	
STREET ADDRESS	13800 NE 6TH AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GABRIEL, JEAN W	
STREET ADDRESS	19281 SW 376 TERR.	
CITY-ST-ZIP	MIAMI, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rev Jacques Brunache Date: 05-01-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #