

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005081 (5)

1. Corporation Name

EGLISE EPHESE DE KENDALL, INC.



Principal Place of Business

Mailing Address

14920 SW 67 AVE  
MIAMI FL 33158  
US

14920 SW 67 AVE  
MIAMI FL 33158  
US

3. Date Incorporated or Qualified

11/02/1993

3a. Date of Last Report

04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 11295 S.W. 186th St

26 P.O. Box 1301

4. FEI Number

65-0451289

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

MIAMI FL

28 City & State

MIAMI FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

24 Zip

33157

25 Country

U.S.A.

29 Zip

33197-1301

30 Country

U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

LAMOUR, TAINE  
8510 SW 149 AVE  
MIAMI FL 33193

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

DP LAMOUR, TAINE  
8510 SW 149 AVE #1105  
MIAMI FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

DT LAMOUR, NADIA  
8510 SW 149 AVE #1105  
MIAMI FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

DS ALEXANDRE, ENIDE  
1515 NW 122ND ST  
MIAMI FL 33167

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP  DELETE

NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP  Change  Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP  Change  Addition

P.T. JEAN Danelle Ange.  
11309 S.W. 200th St # C 312  
MIAMI FL 33157

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP  Change  Addition

DS JEAN Danelle Ange.  
11309 S.W. 200th St. C. 312  
Miami FL 33157

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP  Change  Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP  Change  Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tamine*

3-11-96

Date

Daytime Phone #

CR2E037 (12/95)