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FILED
Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005081 (5)
1. Corporation Name
EGLISE EPHESE DE KENDALL, INC.



Principal Place of Business 11295 SW 186TH STREET MIAMI FL 33157 US	Mailing Address P.O. BOX 1301 MIAMI FL 33197 US
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3. Date Incorporated or Qualified 11/02/1993	3a. Date of Last Report 03/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 65-0451289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LAMOUR, TAINE
8510 SW 149 AVE #1105
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAMOUR, TAINE	
STREET ADDRESS	8510 S.W. 149TH AVE.	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGE, JEAN DANELLE	
STREET ADDRESS	11309 SW 200 STREET C312	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ANGE, JEAN DANELLE	
STREET ADDRESS	11309 SW 200 STREET C312	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDRE, ENIDE	
STREET ADDRESS	13015 S.W. 258TH TR.	
CITY-ST-ZIP	MIAMI FL 33032	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, GIDE	
STREET ADDRESS	14238 N.W. 7TH AVE.	
CITY-ST-ZIP	MIAMI FL 33151	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EXUME, ERNST	
STREET ADDRESS	16221 S.W. 102ND PL.	
CITY-ST-ZIP	MIAMI FL 33157	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lamour Taine	
1.3 STREET ADDRESS	8510 S.W. 149 Av. #1105	
1.4 CITY-ST-ZIP	Miami FL 33193	
2.1 TITLE	Secretary D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FILS-AIME Eugenie	
2.3 STREET ADDRESS	10746 S.W. 167 Ave	
2.4 CITY-ST-ZIP	Miami FL 33197	
3.1 TITLE	Treasurer T.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANGE JEAN DANELLE Ange	
3.3 STREET ADDRESS	11309 SW 200 street C 312	
3.4 CITY-ST-ZIP	Miami FL 33157	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 REQUIRED *Lamour* Date **01-12-1997** Daytime Phone # **0076902**

CR2E037 (9/96)



EGLISE EPHESE DE KENDALL

11295 SW 186th Street
Miami Fl. 33157

(305) 383-0582
Rev. Taino Lamour

Since January 97, after our December 27 meeting,
our new Officers are:

P D

LAMOUR TAINO
8510 S.W. 149 AV #1105
Miami Fl 33193

D

FILS-AIME Eugénie
10746 S.W. 107 Ave
Miami Fl 33157

T D

JEAN DANELLE ANGE
11309 SW 200 ST C 312
Miami Fl 33157

Mons truly,

Taino Lamour
**EGLISE EPHESE DE KENDALL
11295 S.W. 186TH ST.
MIAMI, FL 33157**