SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400001555 (1)

EGLISE BAPTISTE DE LA RECONCILIATION, INC.

Principal Place of Business Mailing Address							
Maining Address							-
5443 N. STATE RD. 7			5443 N. STATE RD. 7			3. Date Incorporated or Qualified	
BOX 14			BOX 14			03/29/1994	
TAMARAC FL 33321 TAMARAC FL 33321						4. FEI Number Applied For	
	·					65-0365296 Not Applica	
2. Principal Place of Business			2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional	ı
21			26			Fee Required	
Suite, Apt. #, etc.			Sulte, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
City & State			27			Trust Fund Contribution	
23			Crity & State			7. Is this nonprofit corporation a homeowners association?	
Zip	· · · · · · · · · · · · · · · · · · ·	Country	Zip Country		,	YesNo	
24	. 25	0001111	29	30	•	This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
		Address of Current R		1901		10. Name and Address of New Registered Agent	
				81	Name		
JEAN-LOUIS, FRANTZ REV							
5290 S.W. 8TH STREET					Street	eet Address (P.O. Box Number is Not Acceptable)	
	E FL 83063		63				
176 4 144 111	L 1 L V4 000			-			
				84	City	Fi 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 familier with, and accept the obligations of, section 617.0503, Florida Statutes.							
office or r agent, l a	regist ere d agent, o am fa mili ar with, ar	r both, in the State of Fi nd accept the obligation:	lorida. Such change was au s of, section 617,0503. Flor	uthorized by t ida Statutes.	he corpo	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and fittle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	1	OFFICERS AND I	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	!
TITLE	PD		DELETE	1.1 TITLE		ULRICK CAYARD Change MAddit	ion
NAME	JEAN-LOUIS, I			1.2 NAME		-	URA
STREET ADDRESS	***************************************				ADDRESS	S 19 1/24 HANDIVION DY	•
CITY-ST-ZIP TITLE		LAKES FL 33319		1.4 CITY-S 2.1 TITLE	T-ZIP	BOCA RATON FL 33434	
NAME	TD	ANDE	L DELETE	2.1 IIILE 2.2 NAME		ISAAC BELONY Change Additi	ion
STREET ADORESS	Ca se us, yol 411 Banks R			1			
CITY-ST-ZIP	MARGATE FL				ADDRESS	Tribit Dice. Drick.	
TITLE	CD	33000	DELETE	2.4 CITY-S	1-212	NORTH LAWS ERNALE 33068	
NAME	BASTIEN, LIVIE	=	[N] DECE IE	3.2 NAME		MARIE CASET TOUSSAINT	ion
STREET ADDRESS	1			3.3 STREET	ADDRESS		R
CITY-ST-ZIP	POMPANO BE			3.4 CITY-S		SS 6300 S.W. 9th PLACE SECRETA. NOTH LAUDERAKE FL 33068	¥
TITLE	D		DELETE	4.1 TITLE		Change Addition	ion
NAME	JEAN-LOUIS, I	MARIE		4.2 NAME		المال المالية	y
STREET ADDRESS	3501 NW 41 S			4.3 STREET	ADORESS	ss /	
CITY-ST-ZIP		LAKES FL 33319		4.4 CITY-ST	r-ZIP_	10'98	
TITLE	D		DELETE	5.1 TITLE		Change Additi	on
NAME	DEMOSTENE,			5.2 NAME		2000026604 2 2	ŀ
STREET ADDRESS	14481			5.3 STREET	ADDRESS	ss -10/09/98010540 2 2	
CITY-ST-ZIP	FT. LAUDERDA	LE FL 33312		5.4 CITY-ST	7-ZIP	***61.25	
TITLE	DS	_	DELETE	6.1 TITLE		Change Addition	on .
NAME	JEAN, GERARI			6.2 NAME			
STREET ADDRESS		TREET, APT. 111		6.3 STREET	1	55	
CITY-ST-ZIP	FT. LAUDERDA	ME FL	e filing done not qualify for the	6.4 CITY-S1		d in specifican 140 07/2V/I) Electida Ciabatas 14 attas - 4/4 di a	_
14. 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 annual report or supplemental annual report is true and securate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation or the receiver or trustee explowered 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 oddress.							
SIGNATURE: 09.01-00							

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Oct 08 1998 8:00am3

Secretary of State

1 182/JOH 612 180/J E18/J 88/JJ 88/JJ 88/JJ 98/JJ 98/JJ JARO 8/JA 8 18/JA 8/JA 8