

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 28 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N94000002343 (1)

1. Corporation Name  
**EMMANUEL SAINT-FLEUR EVANGELISTIC ASSOCIATION, I NC.**

Principal Place of Business Mailing Address  
**3600 S STATE RD 7 SUITE 237 MIRAMAR FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/09/1994</b>	3a. Date of Last Report
4. FEI Number <b>* 65-0569314</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>7351 GRANDVIEW BLVD</b>
22. City & State	27. <b>MIRAMAR, FL</b>
23. Zip	28. <b>33023</b>
24. Country	29. <b>U.S.A.</b>

9. Name and Address of Current Registered Agent  
**SAINT-FLEUR, EMMANUEL  
3600 S STATE RD 7 SUITE 237  
MIRAMAR FL 33023**

10. Name and Address of New Registered Agent
81 Name <b>SAINT-FLEUR, EMMANUEL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>7351 GRANDVIEW BLVD</b>
83
84 City <b>MIRAMAR</b>
85 State <b>FL</b>
86 Zip Code <b>33023</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 617.0503, Florida Statutes

SIGNATURE: *[Signature]* DATE: **7-17-95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT-FLEUR, EMMANUEL	1.2 NAME	
STREET ADDRESS	3600 S STATE RD 7 SUITE 237	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL 33023	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAINT-FLEUR, HUGO	2.2 NAME	
STREET ADDRESS	3600 S STATE RD 7 SUITE 237	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL 33023	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTIN, LEON	3.2 NAME	
STREET ADDRESS	3600 S STATE RD 7 SUITE 237	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL 33023	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESAMOUR, RONALD M	4.2 NAME	
STREET ADDRESS	3600 S STATE RD 7 SUITE 237	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIRAMAR FL 33023	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: **7-17-95** DAY/STATE: **305 9642874**

CR2E037 (3/95)