

FILE NOW: FILING FEE IS \$61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris, Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 29 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003801

1. Corporation Name  
EGLISE EVANGELIQUE DES PETERINS, INC.

N99-14015

Principal Place of Business: 1293 N.W. 119 St, N. MIAMI 7/33167  
Mailing Address: Eglise Evangelique des Peterins, P.O. Box 680507, MIAMI, FL 33168

|                                |                         |   |
|--------------------------------|-------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified   |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |   |
| 22. City & State               | 27. City & State        | 4. FEI Number<br>650331279  |
| 23. Zip                        | 28. Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| 24. Country                    | 29. Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent                    | 10. Name and Address of New Registered Agent  |
| REV. PASTEURIN, JAMES N<br>401 NW 152 St. Biscayne Gardens 7/33167 | 81. Name<br>82. Street Address (P.O. Box Number is Not Acceptable)<br>83.<br>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 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <input type="checkbox"/> DELETE          | 1.1 TITLE   | 4000030073074-00  |
| NAME                       | REV PASTEUR, JAMES N                     | 1.2 NAME  | -10/06/99--01060--015   |
| STREET ADDRESS             | 401 NW 152 St Biscayne Gardens FL 33167  | 1.3 STREET ADDRESS                                    | ****183.75 ****183.75   |
| CITY-ST-ZIP                | MIAMI, FL 33167                          | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PASTEURIN, Marie N                       | 2.2 NAME  |   |
| STREET ADDRESS             | 401 NW 152 St. Biscayne Gardens FL 33167 | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI, FL 33167                          | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Brother Alexandre Joreges                | 3.2 NAME  |   |
| STREET ADDRESS             | Jean 11744 NW 20th                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI, FL 33167                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE          | 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                      | <input type="checkbox"/> DELETE          | 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 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 with all other like empowered.

SIGNATURE: Rev. James N. Pasteur 09/15/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)