

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.	4. FEI Number
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24. Country	30. Country	Applied For Not Applicable

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REV. PASTEURIN, JAMES N 401 NW 152 St. Biscayne Gardens 7/33167	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	REV. PASTEURIN, JAMES N	1.2 NAME	
STREET ADDRESS	401 NW 152 St Biscayne Gardens 7/33167	1.3 STREET ADDRESS	4000030073074-00 -10/06/99--01060--015 ****183.75 ****183.75
CITY-ST-ZIP	MIAMI, FL 33167	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PASTEURIN, Marie N	2.2 NAME	
STREET ADDRESS	401 NW 152 St. Biscayne Gardens MIAMI, 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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Brother Alexandre Jorebes	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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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)