

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

SEP 23 PM 7:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005035 (0)**

1. Corporation Name

**GOD'S MISSIONARIES OF THE LAST TIME, INC.**

Principal Place of Business

Mailing Address

8433 NORTHEAST 2 AVENUE  
MIAMI FL 33153

P.O. BOX 530114  
MIAMI FL 33153

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/12/1994**

3a. Date of Last Report

4. FEI Number  
**65-0526512**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 **8433 NORTHEAST 2nd Ave**

26 **P.O. Box 530114**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **MIAMI FL**

28 **MIAMI FL**

Zip

County

Zip

County

24 **33153**

25 **DADE**

29 **33153**

30 **DADE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name **AMERI LAWYER**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**343 ALMERIA AVE**

84 City **CORAL GABLES FL** 85 Zip Code **33134**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **President - Director**  
NAME **PIERRE, RUBENS**  
STREET ADDRESS **8433 NORTHEAST 2 AVENUE**  
CITY - ST - ZIP **MIAMI FL 33153**

1.1 TITLE **Public Relations**  Change  Addition  
1.2 NAME **JEAN SERGE, CASSAMATOR**  
1.3 STREET ADDRESS **14697 N.E. 18th APT 212**  
1.4 CITY - ST - ZIP **N. MIAMI, FL 33181**

TITLE **Secretary**  
NAME **LAFONTANT, TAMARA**  
STREET ADDRESS **8012 N.E. 7th Ave**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **Advisor**  Change  Addition  
2.2 NAME **MATHIS, SIMONE**  
2.3 STREET ADDRESS **730 N.E. 173rd Terr.**  
2.4 CITY - ST - ZIP **MIAMI, FL**

TITLE **Treasurer**  
NAME **JEAN MICHELET**  
STREET ADDRESS **242 N.W. 71st street**  
CITY - ST - ZIP **MIAMI FL 33138**

3.1 TITLE **Public Relations**  Change  Addition  
3.2 NAME **CIREUS, NORALUS**  
3.3 STREET ADDRESS **730 N.W. 95th st. Apt 11**  
3.4 CITY - ST - ZIP **MIAMI, FL**

TITLE **Director**  
NAME **PHILOGENE, MARIELLE**  
STREET ADDRESS **855 N.E. 133rd st**  
CITY - ST - ZIP **MIAMI, FL 33161**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **Director**  
NAME **DORLEANS, SAJUSTENE**  
STREET ADDRESS **515 N.W. 105th st.**  
CITY - ST - ZIP **MIAMI, FL 33168**

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **Director**  
NAME **PIERRE, RUBENS**  
STREET ADDRESS **14699 N.E. 18th Ave APT 4F**  
CITY - ST - ZIP **N. MIAMI, FL 33181**

6.1 TITLE  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

**RUBENS PIERRE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/17/95 (305) 945-1309**  
DATE AND TELEPHONE NUMBER