

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996-12-96



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

3-3515 C

DOCUMENT # N94000005035 (0)

1. Corporation Name

GOD'S MISSIONARIES OF THE LAST TIME, INC.



Principal Place of Business

8433 NORTHEAST 2ND AVE
MIAMI FL 33153
US

Mailing Address

P. O. BOX 530114
MIAMI FL 33153
US

3. Date Incorporated or Qualified
10/12/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 376 N.E. 80th street

26 P.O. Box 530114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33138

25 DADE

29 33153

30 DADE

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

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

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name AMERILAWYER
82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA Avenue
83 CORAL GABLES FL 33134
84 City CORAL GABLES FL 85 Zip Code 33134

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, 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	PD	<input type="checkbox"/> DELETE
NAME	PIERRE, RUBENS	
STREET ADDRESS	8433 NORTHEAST 2 AVENUE	
CITY-ST-ZIP	MIAMI FL, 33161	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAFONTANT, TAMARA	
STREET ADDRESS	8012 NE 7TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LORIUS, JEAN MICHELET	
STREET ADDRESS	242 NW 71ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILOGENE, MARIELLE	
STREET ADDRESS	855 NE 133RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORLEANS, SAJUSTENE	
STREET ADDRESS	515 NW 135TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERRE, RUBENS	
STREET ADDRESS	14699 NE 18TH AVE APT 4F	
CITY-ST-ZIP	N. MIAMI FL, 33181	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PHILOGENE MARIELLE	
1.3 STREET ADDRESS	855 N.E. 133rd st	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NORALUS CIREUS	
2.3 STREET ADDRESS	730 N.W. 95th street APTII	
2.4 CITY-ST-ZIP	MIAMI, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE:

Rubens Pierre
RUBENS PIERRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/96

Date

(305) 945-1309

Dynamic Phone #

CR2E037 (12/95)