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May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000005035 (0)

1. Corporation Name

GOD'S MISSIONARIES OF THE LAST TIME, INC.



Principal Place of Business

Mailing Address

376 NE 80 ST  
MIAMI FL 33138  
US

PO BOX 530114  
MIAMI FL 33153-0114  
US

3. Date Incorporated or Qualified  
10/12/1994

3a. Date of Last Report  
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 376 NE 80th Street

26 376 NE 80th Street

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 33138

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

10. Name and Address of New Registered Agent

AMERI LAWYER  
343 ALMERIA AVE  
CORAL GABLES FL 33134

81 Name

AMERI LAWYER

82 Street Address (P.O. Box Number is Not Acceptable)

343 ALMERIA AVE.

83

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		<input type="checkbox"/> DELETE	
TITLE	PD		
NAME	PIERRE, RUBENS		
STREET ADDRESS	8433 NORTHEAST 2 AVENUE		
CITY-ST-ZIP	MIAMI FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	PHILOGENE, MARIELLE		
STREET ADDRESS	855 NE 133 ST		
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 type="checkbox"/> DELETE	
NAME	NORALUS, CIREUS		
STREET ADDRESS	730 NW 95 ST PAT 11		
CITY-ST-ZIP	MIAMI FL		
TITLE	D	<input checked="" 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	MERLINE, PIERRE		
1.2 NAME	DIRECTOR		
1.3 STREET ADDRESS	120 N.W. 189th terrace		
1.4 CITY-ST-ZIP	MIAMI FL 33169		
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	ANTOINE, SURIN		
2.3 STREET ADDRESS	11702 N.W. 1st Ave		
2.4 CITY-ST-ZIP	MIAMI FL 33168		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	Rev. RUBENS PIERRE		
3.3 STREET ADDRESS	120 N.W. 189th terrace		
3.4 CITY-ST-ZIP	MIAMI, FL 33169		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	Rev. PIERRE RUBENS		
4.3 STREET ADDRESS	120 N.W. 189th terrace		
4.4 CITY-ST-ZIP	MIAMI FL 33169		
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 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, changed, or on an attachment with an address.

SIGNATURE: *Rev. Pierre Rubens Pierre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/97  
Date

(305) 653-5575  
Daytime Phone # 0030896

CR2E037 (9/96)