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Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005035 (0) *N/C 1.27.98*

1. Corporation Name  
**EVANGELICAL MISSIONARY CHURCH OF GOD/EGUSE DEDIEU MISSIONAIRE EVANGOLIQUE, INC.**



Principal Place of Business 376 N.E. 80TH ST. MIAMI FL 33138 US	Mailing Address 376 N.E. 80TH ST. MIAMI FL 33138 US
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3. Date Incorporated or Qualified 10/12/1994	
4. FEI Number 65-0526512	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

AMERI LAWYER  
343 ALMERIA AVE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, RUBENS	
STREET ADDRESS	8433 NORTHEAST 2 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ANTOINE, SURIN	
STREET ADDRESS	11702 N.W. 1ST AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, RUBENS	
STREET ADDRESS	120 N.W. 189TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUBENS, PIERRE	
STREET ADDRESS	120 N.W. 189TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERLINE, PIERRE	
STREET ADDRESS	120 N.W. 189TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" 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

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RUBENS, PIERRE	
1.3 STREET ADDRESS	120 N.W. 189TH TERRACE	
1.4 CITY-ST-ZIP	MIAMI FL 33169	
2.1 TITLE	D/T	<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	
3.1 TITLE	D/N/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KESSLER, AUGUSTE	
3.3 STREET ADDRESS	14740 NE 14TH AVE	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MERLINE, PIERRE	
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	600002543476	
6.4 CITY-ST-ZIP	-06/02/98--01011--008	
	***70.00	

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.

SIGNATURE: *Rev. RUBENS PIERRE, President* *RUBENS PIERRE* 04/20/98 (305) 653-5575

CR2E037 (10/97)