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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000000476 (0)

1. Corporation Name

EGLISE BAPTISTE PHARE LUMINEUX, INC.

Principal Place of Business

8433 NORTHEAST 2 AVENUE
MIAMI FL 33138

Mailing Address

13700 NORTHEAST 6 AVENUE
SUITE 215
MIAMI FL 33161-3789

2. Principal Place of Business

21 8433 NE 2nd Ave
Suite, Apt. #, etc.

22 Miami, FL
City & State

23 33138
Zip

Country

24

25

2a. Mailing Address

26 13700 NE 6th Ave #215
Suite, Apt. #, etc.

27 Miami, FL
City & State

28 33161
Zip

Country

29

30

3. Date Incorporated or Qualified

01/31/1995

3a. Date of Last Report

03/18/1996

4. FEI Number

65-0513626

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

AMERILAWYER

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

343 ALMERIA AVE

83

CORAL GABLES, FL

84 City

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

TITLE P ☐ DELETE
NAME DELFIS, REV JEAN C.
STREET ADDRESS 13700 NE 6TH AVENUE #215
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME PIERRE, DIEUDACE
STREET ADDRESS 1735 NE 180 STREET
CITY-ST-ZIP NORTH MIAMI FL

TITLE D ☐ DELETE
NAME FLEURANTIN, DENIS
STREET ADDRESS 9220 NW 3RD AVENUE
CITY-ST-ZIP MIAMI FL

TITLE S ☒ DELETE
NAME CIRIUS, NORALUS
STREET ADDRESS 730 NW 95 STREET #1
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE
NAME ELGE, GABIE
STREET ADDRESS 1021 NE 160 ST
CITY-ST-ZIP MIAMI FL 33162

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME S
4.3 STREET ADDRESS MAGLOIRE IRMA
4.4 CITY-ST-ZIP 1077 NW 122 ST
MIAMI, FL 33150

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

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

892-1790
Jan 27, 1997 (305) 892-1790

CR2E037 (9/96)