

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 28 1998 8:00 am
Secretary of State

DOCUMENT # N95000000476 (0)

1. Corporation Name

EGLISE BAPTISTE PHARE LUMINEUX, INC.



Principal Place of Business

8433 NE 2ND AVE
MIAMI FL 33138
US

Mailing Address

13700 NE 6TH AVE
#215
MIAMI FL 33161
US

2. Principal Place of Business

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

22 City & State
23 MIAMI FL
Zip Country
24 33138 25 DADE/US

2a. Mailing Address

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

27 City & State
28 MIAMI, FL
Zip Country
29 33161 30 Dade/US

3. Date incorporated or Qualified

01/31/1995

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 AVE
83
84 City Coral Gables, FL 33134
85 Zip Code FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE S
NAME LAGLORIE, IRMA
STREET ADDRESS 1077 NW 122 ST
CITY-ST-ZIP MIAMI FL ☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Delfis, Rev. Jean C.
1.3 STREET ADDRESS 13700 NE 6th Ave #215
1.4 CITY-ST-ZIP Miami, FL 33161. ☐ Change ☐ Addition

2.1 TITLE D
2.2 NAME Pierre, Dieudace
2.3 STREET ADDRESS 1735 NE 180 St
2.4 CITY-ST-ZIP North Miami, FL 33162. ☐ Change ☐ Addition

3.1 TITLE D
3.2 NAME Fleurantin, Denis
3.3 STREET ADDRESS 9220 NW 3rd Ave
3.4 CITY-ST-ZIP Miami, FL 33150 ☐ Change ☐ Addition

4.1 TITLE S
4.2 NAME Delice Desrameaux
4.3 STREET ADDRESS 2316 NW 104 St
4.4 CITY-ST-ZIP Miami, FL 33150. ☒ Change ☐ Addition

5.1 TITLE T
5.2 NAME Elge, Gabie
5.3 STREET ADDRESS 1021 NE 160 St
5.4 CITY-ST-ZIP Miami, FL 33162 ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

JEAN DELFIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98

305 892-1790

Date

Daytime Phone # 0031829

CR2E037 (10/97)