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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N95000001142 (7)**

1. Corporation Name

EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED

Principal Place of Business

Mailing Address

**501 N.E.13 ST
#5.7
FT LAUDERDALE FL 33304
US****RIV. CHARITE ETIENNE
1637 N.W. 8 AVE. APT. B
FT LAUDERDALE FL 33311-5537
US**

2. Principal Place of Business

2a. Mailing Address

21 1229 N.E. 9th Ave**26 P.O. Box 23573**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23 Fort-Lauderdale FL.**28 Fort-Lauderdale FL.**

Zip

Country

Zip

Country

24 33304**25****29 33307****30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
03/09/19953a. Date of Last Report
04/19/19964. FEI Number
65-0623457

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**ETIENNE, CHARITE REV.
1637 NW 8 AVE
APT B
FT LAUDERDALE FL 33311**

81 Name

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

83

84 City

FL

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 **REV. CHARITE ETIENNE**
Signature typed or printed name of registered agent and title if applicable**Pastor**
(NOTE: Registered Agent signature required when reinstating)**01-08-97**
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **MAURICETTE, DULIVERT**
STREET ADDRESS **1045 NE 39 DRIVE**
CITY - ST - ZIP **OAKLAND PARK FL 33334**11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIPTITLE ☐ DELETE
NAME **SILIEN, ILIOBERT JACQUES**
STREET ADDRESS **1208 NE 15 AVENUE**
CITY - ST - ZIP **FT LAUDERDALE FL 33304**21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIPTITLE ☐ DELETE
NAME **GARCON, WILSON**
STREET ADDRESS **2015 NW 9 AVE #A-7**
CITY - ST - ZIP **FT LAUDERDALE FL 33311**31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIPTITLE ☐ DELETE
NAME **DAVILMAR Françoise**
STREET ADDRESS **1208 N.E. 15 AVE Apt #2**
CITY - ST - ZIP **Fort-Lauderdale FL 33304**41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 on an attachment with an address.

SIGNATURE:

Wilson Garcon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-8-97**
DateDaytime Phone # **0034506**

CR2E037 (9/96)