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Apr 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001142 (7)**

1. Corporation Name

**EVANGELICAL CHURCH OF JESUS CHRIST, INCORPORATED**

Principal Place of Business

Mailing Address

**1229 NE 9 AVE  
#5.7  
FT LAUDERDALE FL 33304  
US**

**P O BOX 23573  
1637 NW 8 AVE, APT. B  
FT LAUDERDALE FL 33307  
US**

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**  
Zip Country

**29**  
Zip Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**03/09/1995**

4. 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**

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

10. Name and Address of New Registered Agent

**81** Name

**ETIENNE CHARITE REV.**

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

**1641 N. Andrews Square**

**83**

**Fort-Lauderdale**

**84** City

**Florida**

**FL**

**85** Zip Code

**33311**

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]*

**Rev. CHARITE ETIENNE, Director**

**04-09-98**

(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 ☐ DELETE

**T  
NAME  
MAURICETTE, DULVERT  
STREET ADDRESS  
1045 NE 39 DRIVE  
CITY-ST-ZIP  
OAKLAND PARK FL 33334**

TITLE ☐ DELETE

**T  
NAME  
SILVEN, ROBERT JACQUES  
STREET ADDRESS  
1208 NE 15 AVENUE  
CITY-ST-ZIP  
FT LAUDERDALE FL 33304**

TITLE ☐ DELETE

**T  
NAME  
GARCON, WILSON  
STREET ADDRESS  
2015 NW 9 AVE #A-7  
CITY-ST-ZIP  
FT LAUDERDALE FL 33311**

TITLE ☐ DELETE

**T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**T  
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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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:

*[Signature]*

**4-09-98**

CR2E037 (10/97)