

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000002623 (5)**

1. Corporation Name

**SARMENT EVANGELIQUE, INC.**



Principal Place of Business

Mailing Address

**101 NORTH EAST 20TH STREET  
POMPANO BEACH FL 33060**

**101 NORTH EAST 20TH STREET  
POMPANO BEACH FL 33060**

3. Date Incorporated or Qualified

**05/23/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PERISSIEN, ROSEBERT  
101 NORTH EAST 20TH STREET  
POMPANO BEACH FL 33060**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **PERISSIEN, ROSEBERT**  
STREET ADDRESS **101 NORTH EAST 20TH STREET**  
CITY - ST - ZIP **POMPANO BEACH FL 33060**

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **Celant Marc**  
1.3 STREET ADDRESS **7751 3rd 1/2 St**  
1.4 CITY - ST - ZIP **H. Lauderdale, FL 33068**

TITLE **SD** ☐ DELETE  
NAME **NACOR, RENIDE**  
STREET ADDRESS **2468 NORTH WEST 21ST STREET, APT. #1**  
CITY - ST - ZIP **FT. LAUDERDALE FL 33311**

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

TITLE **TD** ☐ DELETE  
NAME **MEHU, RIPHETE**  
STREET ADDRESS **3060 NORTH EAST 5TH AVENUE**  
CITY - ST - ZIP **POMPANO BEACH FL 33064**

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

TITLE **VPD** ☒ DELETE  
NAME **FORQUE, LANICE**  
STREET ADDRESS **350 NORTH WEST 40TH STREET**  
CITY - ST - ZIP **POMPANO BEACH FL 33064**

4.1 TITLE **VPD** ☒ Change ☐ Addition  
4.2 NAME **Forque, Lanice**  
4.3 STREET ADDRESS **350 North West 40th Street**  
4.4 CITY - ST - ZIP **Pompano Beach, FL 33064**

TITLE **VPD** ☐ DELETE  
NAME **ORTELUUS, MARIE H**  
STREET ADDRESS **101 NORTH EAST 20TH STREET**  
CITY - ST - ZIP **POMPANO BEACH FL 33060**

5.1 TITLE **VPD** ☒ Change ☐ Addition  
5.2 NAME **Dortelus, Marie H**  
5.3 STREET ADDRESS **101 North East 20th Street**  
5.4 CITY - ST - ZIP **Pompano Beach, FL 33060**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rosebert Perissien**

Date

Daytime Phone #

**04-16-1996 (954) 942-79**

91

CR2E037 (12/95)