

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000003173 (0)**

1. Corporation Name

EGLISE SENTINELLE DE LA DERNIERE HEURE DU 7E JOUR INCORPORATED

Principal Place of Business

**3880 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065**

Mailing Address

**3880 RIVERSIDE DRIVE
CORAL SPRINGS FL 33065**



3. Date Incorporated or Qualified
06/27/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3500 West Oakland Park
Suite, Apt. #, etc.

26 P.O. BOX 8107
Suite, Apt. #, etc.

4. FEI Number
65-0607348

Applied For
Not Applicable

22
City & State

27
City & State
Coral Springs, FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Lauderdale Lakes, FL.

28 Coral Springs, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 33311
Zip

25 Broward
Country

29 33075
Zip

30 Broward
Country

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

**LAMY, EMMANUEL J
3880 RIVERSIDE DRIVE
APT. 1
CORAL SPRINGS FL 33065**

81 Name

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

83

84 City

000001897690

-07/18/96--01024--02865

*****61.25 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 **P** ☒ DELETE
NAME **JOACHIN, SALOMON**
STREET ADDRESS **413 N.W. 7TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

1.1 TITLE **ABNER, JOSEPH** ☒ Change ☐ Addition
1.2 NAME **(D)**
1.3 STREET ADDRESS **1500 N.W. 8th Avenue**
1.4 CITY-ST-ZIP **Fort-Lauderdale, FL 33311**

TITLE **S** ☒ DELETE
NAME **PIERREN, DENISE**
STREET ADDRESS **325 N.W. 42ND ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33304**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **LAMY, EMMANUEL J**
2.3 STREET ADDRESS **3880 Riverside Drive**
2.4 CITY-ST-ZIP **Coral Springs, FL 33065**

TITLE **T** ☒ DELETE
NAME **LAMOUR, IRME**
STREET ADDRESS **869 N.W. 112TH ST.**
CITY-ST-ZIP **MIAMI FL 33168**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **PIERRE, ALIX**
3.3 STREET ADDRESS **421 N.E. 11th Street**
3.4 CITY-ST-ZIP **Fort-Lauderdale, FL 33304**

TITLE **S** ☒ DELETE
NAME **PIERRE, ALIX "UNDER"**
STREET ADDRESS **421 N.W. 11TH ST.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **ROYAL, MARIE YOLETTE**
4.3 STREET ADDRESS **1216 S.W. 39th Avenue**
4.4 CITY-ST-ZIP **Fort-Lauderdale, FL 33314**

TITLE **T** ☒ DELETE
NAME **JOSEPH, ABNER "ASST"**
STREET ADDRESS **1500 N.W. 8TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

5.1 TITLE **S/D** ☒ Change ☐ Addition
5.2 NAME **PIERRE, MARIE DENISE**
5.3 STREET ADDRESS **325 N.W. 42nd St.**
5.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33304**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **MUZAC, VERONIQUE**
6.3 STREET ADDRESS **2615 N.W. 99 Ave.**
6.4 CITY-ST-ZIP **Coral Springs, FL 33075**

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alix Pierre 6/24/96 954-467-1443
Date Daytime Phone #

CR2E037 (3/96)