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Secretary of State

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**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

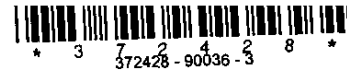
DOCUMENT # N95000003173

1. Corporation Name

**EGLISE SENTINELLE DE LA DERNIERE HEURE DU 7E JOUR
 INCORPORATED**

Principal Place of Business
 1533 NORTH WEST 5TH STREET
 FORT LAUDERDALE FL 33311
 US

Mailing Address
 P O BOX 100413
 FT LAUDERDALE FL 33310
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/27/1995

4. FEI Number
 65-0607348

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**

9. Name and Address of Current Registered Agent

**STUPPARD, MAURICE
 11905 NORTHEAST 2ND AVENUE, APT C-310
 NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name **MICHEL-RONALD DESAMOURS**

82 Street Address (P.O. Box Number is Not Acceptable)
6450 EAST STREET

83

84 City **Hollywood** FL 85 Zip Code **33024**

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

TITLE ☐ DELETE

NAME **PD
 SAINVAL, JEAN BECKER**
 STREET ADDRESS **2710 SOMER SET DRIVE, APT X-215**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33311**

TITLE ☒ DELETE

NAME **VA
 STUPPARD, MAURICE**
 STREET ADDRESS **11905 NORTHEAST 2ND AVENUE, APT C-310**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☒ DELETE

NAME **S
 PIERRE, ALIX**
 STREET ADDRESS **421 NORTHEAST 4TH AVENUE #1**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE ☐ DELETE

NAME **T
 GREGOIRE, AROLD**
 STREET ADDRESS **3610 NORTHWEST 34TH AVENUE**
 CITY-ST-ZIP **LAUDERDALE LAKES FL 33309**

TITLE ☒ DELETE

NAME **D
 HOMIDAS, DACIUS**
 STREET ADDRESS **522 N W 8TH STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ DELETE

NAME **D
 ABNER, JOSEPH**
 STREET ADDRESS **1500 N W 8TH AVENUE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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 **V. President**

2.3 STREET ADDRESS **Joseph Louis**

2.4 CITY-ST-ZIP **19430 NW 8ST**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **DJESULAH LAMY**

3.3 STREET ADDRESS **3600 NW 82 TER.**

3.4 CITY-ST-ZIP **CORAL SPRING, FL 33065**

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 **D. MORIVAL BRIEL**

5.3 STREET ADDRESS **867 N W 107 ST.**

5.4 CITY-ST-ZIP **MIAMI, FL 33168**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STUPPARD, MAURICE **3-20-99** **(954) 731-5459**

CR2E037 (11/98)