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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

372428 - 90036 - 3

DOCUMENT # **N95000003173**

1. Corporation Name
EGLISE SENTINELLE DE LA DERNIERE HEURE DU 7E JOU R INCORPORATED

Principal Place of Business	Mailing Address
1533 NORTH WEST 5TH STREET FORT LAUDERDALE FL 33311 US	P O BOX 100413 FT LAUDERDALE FL 33310 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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: Holly Wood 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAINVAL, JEAN BECKER		1.2 NAME		
STREET ADDRESS	2710 SOMER SET DRIVE, APT X-215		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311		1.4 CITY-ST-ZIP		
TITLE	VA	☒ DELETE	2.1 TITLE	V. President	☒ Change ☐ Addition
NAME	STUPPARD, MAURICE		2.2 NAME	Joseph, Louis	
STREET ADDRESS	11905 NORTHEAST 2ND AVENUE, APT C-310		2.3 STREET ADDRESS	19430 NW 8ST	
CITY-ST-ZIP	NORTH MIAMI FL 33161		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	S	☒ DELETE	3.1 TITLE	S.	☒ Change ☐ Addition
NAME	PIERRE, ALIX		3.2 NAME	DJesulAH LAMY	
STREET ADDRESS	421 NORTHEAST 4TH AVENUE #1		3.3 STREET ADDRESS	3600 NW 82 TER.	
CITY-ST-ZIP	FT LAUDERDALE FL 33304		3.4 CITY-ST-ZIP	Coral Spring, FL 33065	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GREGOIRE, AROLD		4.2 NAME		
STREET ADDRESS	3610 NORTHWEST 34TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D.	☒ Change ☐ Addition
NAME	HOMIDAS, DACIUS		5.2 NAME	MORIVAL, BRIEL	
STREET ADDRESS	522 N W 8TH STREET		5.3 STREET ADDRESS	867 N W 107 St.	
CITY-ST-ZIP	FT LAUDERDALE FL 33311		5.4 CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ABNER, JOSEPH		6.2 NAME		
STREET ADDRESS	1500 N W 8TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33311		6.4 CITY-ST-ZIP		

—CR2E037 (11/98)

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 REQUIRED SAINVAL 3-20-99 (954) 731-5459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #