

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N96000000916 (4)**

1. Corporation Name

EGLISE BAPTISTE DE SION, INC.

Principal Place of Business

**1631 NW 2 AVE
FT LAUDERDALE FL 33311**

Mailing Address

**1631 NW 2 AVE
FT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1996** 3a. Date of Last Report **N/A**

4. FEI Number **65-0693375** 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**GOLD, TYLER A
6550 N FEDERAL HWY STE 330
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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 **X Nolasque Cledor** **7-30-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEDOR, NOLASQUE	
STREET ADDRESS	1631 NW 2 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEDOR, ILIANNA	
STREET ADDRESS	1631 NW 2 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JUSTILIEN, MOLIERE	
STREET ADDRESS	1631 NW 2 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEDOR, ST HELENE	
STREET ADDRESS	505 NE 4 AVE #2	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLEDOR, MARTIAL	
STREET ADDRESS	4864 NW T ST	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MICHELLE, GEORGE	
STREET ADDRESS	0080 NW 22 ST	
CITY-ST-ZIP	SUNRISE FL 33313	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEANINE ACCIUS	
1.3 STREET ADDRESS	1423 NE 2 AVE	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS ACCIUS	
2.3 STREET ADDRESS	1423 NE 2 AVE	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROSE JEANNOT	
3.3 STREET ADDRESS	1123 NE 6 AVE #6	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 **X Nolasque Cledor** **7-30-97**

CP2E037 (4/97)