


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION • ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

02/21/1996

4. FEI Number

65-0693375

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. Same 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. Same 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	
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 type="checkbox"/> DELETE
NAME	ACCIUS, THOMAS
STREET ADDRESS	1423 NE 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JEANNOT, ROSE
STREET ADDRESS	1123 NE 6 AVE., #6
CITY-ST-ZIP	FT LAUDERDALE FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

600002470058

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*****61.25**

☐ Change ☐ Addition

PE 3.26

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.

SIGNATURE: **Nolasque Cledor D**

2/19/98 (am) 3/19/98

CR2E037 (10/97)