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May 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000001799 (3)

1. Corporation Name

EGLISE BAPTISTE MISSIONNAIRE DE MIAMI, INC.



Principal Place of Business

Mailing Address

10 NE 124 TERRACE
MIAMI FL 33161

10 NE 124 TERRACE
MIAMI FL 33161-5352

3. Date Incorporated or Qualified

03/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

65-0722188

X Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

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

POITEW, ANDRE
121 NE 23 COURT
POMPANO BEACH FL 33060

81 Name

ANASTHA SAINVIL

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

10 N.E. 124th Terrace

83

Miami, Florida 33161-5352

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 fully aware of, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME POITEW, ANDRE
STREET ADDRESS 121 NE 23 COURT
CITY-ST-ZIP POMPANO BEACH FL 33060

1.1 TITLE PD
1.2 NAME ANASTHA SAINVIL
1.3 STREET ADDRESS 10 N.E. 124th Street, Miami, FL 33161
1.4 CITY-ST-ZIP

TITLE VD
NAME MILIEN, ENOCK
STREET ADDRESS 350 NE 51 STREET
CITY-ST-ZIP MIAMI FL 33137

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME SAINVIL, ANASTHA
STREET ADDRESS 10 NE 124 TERRACE
CITY-ST-ZIP MIAMI FL 33161

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME GEDEON, SANTALISE
STREET ADDRESS 505 NW 123 ST
CITY-ST-ZIP MIAMI FL 33167

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD
NAME DARY, PHARICE
STREET ADDRESS 105 NE 127 ST
CITY-ST-ZIP MIAMI FL 33161

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BEAUBRUN, BONIFACE
STREET ADDRESS 2534 JOHNSON ST
CITY-ST-ZIP HOLLYWOOD FL 33020

6.1 TITLE
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 unchanged or on an attachment with an address.

ANASTHA SAINVIL, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031763

CR2E037 (9/96)