

FILE NOW: FILING FEE IS \$61.25

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Jun 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001989 (0)**  
1. Corporation Name  
**EGLISE EVANGELIQUE DES RACHETES, INC.**



Principal Place of Business <b>422 NW 54TH STREET MIAMI FL 33127</b>	Mailing Address <b>1017 NW 114TH STREET MIAMI FL 33168-6115</b>
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3. Date Incorporated or Qualified <b>04/09/1996</b>	3a. Date of Last Report <b>6-18-97</b>
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21. Principal Place of Business <b>422 N.W. 54th</b>	22. Suite, Apt. #, etc.	2a. Mailing Address <b>1017 N.W. 114th</b>	26. Suite, Apt. #, etc.
23. City & State <b>MIAMI, FLORIDA</b>	27. City & State <b>MIAMI, FLORIDA</b>	28. City & State <b>MIAMI, FLORIDA</b>	29. City & State <b>MIAMI, FLORIDA</b>
24. Zip <b>33127</b>	25. Country <b>DADE</b>	30. Zip <b>33168</b>	31. Country <b>DADE</b>

4. FEI Number <b>65-0734425</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**LOUIS, JOANIS REV.  
1017 NW 114TH STREET  
MIAMI FL 33168**

10. Name and Address of New Registered Agent

81. Name <b>Rev. JOANIS LOUIS</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1017 N.W. 114 STREET</b>
83.
84. City <b>MIAMI</b>
85. Zip Code <b>FL 33168</b>

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 **Rev. JOANIS LOUIS** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 SIGNATURE **Rev. JOANIS LOUIS** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE **6-18-97**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DIRECTOR D</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rev. JOANIS LOUIS</b> <b>1017 N.W. 114th St. MIA. FL 33168</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>ASST-DIRECTOR D.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JEAN MICHEL LOUIS</b> <b>1070 NW 112 TER</b> <b>MIAMI FL 33168</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>TREASURER - DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>YVANNE FRANCOIS</b> <b>157 NW 69th St. MIA. FL 33127</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>SECRETARY D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARIE J. BIEUIL</b> <b>1070 NE 136 St</b> <b>MIA. FL 33160</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>MEMBRE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MICHEL SEVERE</b> <b>471 NE 83 St. MIA. FL 33138</b>
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>MEMBRE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOSEPH DUVERSANT</b> <b>422 N.W. 54th St. MIA. FL 33127</b>

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 **Rev. JOANIS LOUIS** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 SIGNATURE **Rev. JOANIS LOUIS** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE **6-18-97**

CR2E037 (9/96)