

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 27 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000001989 (0)

1. Corporation Name

EGLISE EVANGELIQUE DES RACHETES, INC.



Principal Place of Business	Mailing Address
422 NW 54TH STREET MIAMI FL 33127	1017 NW 114TH STREET MIAMI FL 33168-6115

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 422 N.W. 54th St		28 1017 N.W. 114th St		04/09/1996		6-18-97	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		65-0734425		Not Applicable	
24 33127		29 33168		5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25 Dade		30 Dade		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LOUIS, JOANIS REV. 1017 NW 114TH STREET MIAMI FL 33168				81 Name Rev. JOANIS LOUIS 82 Street Address (P.O. Box Number is Not Acceptable) 1017 N.W. 114 Street 83 84 City MIAMI FL 85 Zip Code 33168			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				1.1 TITLE DIRECTOR D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Rev. JOANIS LOUIS 1.3 STREET ADDRESS 1017 N.W. 114th St. MIA. FL 33168 1.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				2.1 TITLE ASST-DIRECTOR D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME JEAN MICHEL LOUIS 2.3 STREET ADDRESS 1070 N.W. 112th St 2.4 CITY-ST-ZIP MIAMI FL 33168			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				3.1 TITLE TREASURER - DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME YVIANNE FRANCOIS 3.3 STREET ADDRESS 157 N.W. 69th St. MIA. FL 33127 3.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				4.1 TITLE SECRETARY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME MARIE J. BIEUILL 1070 NE 136 St 4.3 STREET ADDRESS MIA. FL 33160 4.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				5.1 TITLE MEMBRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME MICHEL SEVERE 5.3 STREET ADDRESS 471 NE 83 St. MIA. FL 33138 5.4 CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP [DELETE]				6.1 TITLE MEMBRE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME JOSEPH DUVERSANT 6.3 STREET ADDRESS 422 N.W. 54th St. MIA. FL 33127 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 Rev. JOANIS LOUIS 6-18-97 33168

CR2E037 (9/96)