

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000001989 (0)  
1. Corporation Name  
EGLISE EVANGELIQUE DES RACHETES, INC.



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

3. Date Incorporated or Qualified: 04/09/1996  
4. FEI Number: 65-0734425  
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

2. Principal Place of Business: 422 N.W. 54TH STREET MIAMI FL 33127  
2a. Mailing Address: 1017 N.W. 114TH STREET MIAMI FL 33168  
21-24: City, State, Zip, Country (DADE)

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, 82 Street Address, 83, 84 City, 85 Zip Code (FL)

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUIS, JOANIS R	
STREET ADDRESS	1017 NW 114TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	LOUIS, JEAN M	
STREET ADDRESS	1070 NW 112TH TER	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRANCOIS, YVANNE	
STREET ADDRESS	157 NW 69TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIENVIL, MARIE J	
STREET ADDRESS	1070 NE 136TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	DUVERSANT, JOSEPH	
STREET ADDRESS	422 NW 54TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	SEVERE, MICHEL	
STREET ADDRESS	471 NE 83 ST.	
CITY-ST-ZIP	MIAMI FL 33138	

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	

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: Joanis Louis 3-10-98

CR2E037 (10/97)