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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001989

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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90086 031 \*\*\*\*70.00



2. Principal Place of Business

21 422 N.W. 54 Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 1017 N.W. 114 Street  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

65-0734425

Applied For

Not Applicable

City & State

23 MIAMI FLA

City & State

28 MIAMI FLA

Zip

Country

24 33127

25 Dade

Zip

Country

29 33168

30 Dade

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

SAME

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 ☐ DELETE

NAME LOUIS, JOANIS R  
STREET ADDRESS 1017 NW 114TH ST  
CITY-ST-ZIP MIAMI FL

TITLE AD ☐ DELETE

NAME LOUIS, JEAN M  
STREET ADDRESS 1070 NW 112TH TER  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME FRANCOIS, YVANNE  
STREET ADDRESS 157 NW 69TH ST  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME DIENVIL, MARIE J  
STREET ADDRESS 1070 NE 136TH ST  
CITY-ST-ZIP MIAMI FL

TITLE M ☐ DELETE

NAME DUVERSANT, JOSEPH  
STREET ADDRESS 422 NW 54TH ST  
CITY-ST-ZIP MIAMI FL

TITLE M ☐ 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 D ☐ Change ☐ Addition

1.2 NAME Louis, JOANIS REV.  
1.3 STREET ADDRESS 1017 NW 114 Street  
1.4 CITY-ST-ZIP MIA. FLA 33168

2.1 TITLE AD ☐ Change ☐ Addition

2.2 NAME Michel Severe  
2.3 STREET ADDRESS 515 NE 131 Street  
2.4 CITY-ST-ZIP MIAMI FLA 33168

3.1 TITLE TD ☐ Change ☐ Addition

3.2 NAME Jesula MATHURIN  
3.3 STREET ADDRESS 6400 NW 2 AVENUE  
3.4 CITY-ST-ZIP MIAMI FLA 33157

4.1 TITLE SD ☐ Change ☐ Addition

4.2 NAME Jocelyne BALTISTA  
4.3 STREET ADDRESS 1855 NW 111 Street  
4.4 CITY-ST-ZIP MIAMI FL 33167

5.1 TITLE M ☐ Change ☐ Addition

5.2 NAME Marie. J. Louis  
5.3 STREET ADDRESS 1017 NW 114 Street  
5.4 CITY-ST-ZIP MIAMI FL 33168

6.1 TITLE M ☐ Change ☐ Addition

6.2 NAME Marie R. Andre  
6.3 STREET ADDRESS 1070 N.W. 112 Ter  
6.4 CITY-ST-ZIP MIAMI FLA 33168

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

APR 10 1999 (305) 759-4896

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