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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N96000001993**

1. Corporation Name

INE NA	IIIAN EBENEZEK DAPIIOI	CHURCH, INC.				•		
Principal Place of Business Mailing Address						, <u>u</u>		
1577 N. MILITARY TRAIL 1577 N. MILITARY TRAIL						Ha handa ariyik darkin darkik adirik 88	1801 erio n (1884 1886)	
WEST PALM BEACH FL 33417 WEST PALM BEACH FL 334 US US								
Principal Place of Business 2a. Mailing Address				····	3. Date Incorporated or Qualifed 04/10/1006			
21 26					04/12/1996 4. FEI Number Applied For			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			a		1		Not Applicable	
27 27								Additional
23		28			5. Certifcate of	Status Desired	Fee F	Required
Zip	Country	Zip	Country	/	6. Election Car	npaign Financing	\$5.0	May Be
24	25	29	30	<u> </u>	Trust Fund (Contribution		d to Fees
	9. Name and Address of Curren	t Registered Agent	-	T Mari	10. Name and	Address of New Registe	red Agent	
			81	Name	· ·			
MYRTIL, A	AMOS		82	Street Ad	iress (P.O. Box Num	ber is Not Acceptable)		
1314 DREXEL ROAD			83				<u> </u>	
WEST PA	LM BEACH FL 33417		"	Ί_				
			84	City		. 1	FL 85 Zir	p Code
11 Dureupot	to the provisions of Sections 617.050	2 and 617 1508 Florida Statute	s the abov	e-named co	poration submits this	statement for the numos	se of changing i	ts registered
office or i	to the provisions of Sections of 7.050. registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was all	itnorized by	the comora	tion's board of director	ors. I hereby accept the a	ppointment as	registered
SIGNATURE	Signature, typed or printed name of registered ager	and title if conlicable (NOTE:	Registered Age	ent signature regu	red when reinstating)	DAT	Ē	
12.	*** · // · // · · · · · · · · · · · · ·	D DIRECTORS.	13.		ADDITIONS/	CHANGES TO OFFICER	S AND DIRECT	TORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				Change	e Addition
NAME	LUCIEN, ROBERT		1.2 NAME				•	
STREET ADDRESS			1.3 STREE	TADDRESS	,		•	
CITY-ST-ZIP	WEST PALM BEACH FL 33413	·	1.4 CITY-5	ST-ZIP				<u> </u>
TITLE	D	☐ DELETE	2.1 TITLE				☐ Change	e Addition
NAME	BIEN-AIME, JEAN R	•	2.2 NAME			_		
STREET ADDRESS	1.50	and the second second	2.3 STREE	T ADDRESS	general services and the			-
CITY-ST-ZIP	WEST PALM BEACH FL 33413	□ nei ere	2. 4 CITY-	ST-ZIP	· · · · · ·		Change	e Addition
TITLE	D	☐ DELETE	3.1 TITLE					
NAME	MYRTIL, STARDUST R		3.2 NAME	i			•	
STREET ADORESS	1011 0112			ET ADDRESS			÷ ,	
CITY-ST-ZIP TITLE	WEST PALM BEACH FL 33417	☐ DELETE	3.4. CITY- 4.1 TITLE	31-21		<u> </u>	Chang	e
	D Myrtil, amos		4. 2 NAME			•		
STREET ADDRESS	1			ET ADDRESS		-		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		4,4 CITY-5					
TITLE	THE TREM PEROIT I COTT	☐ DELETE	5.1 TITLE				☐ Chang	e Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	ET ADDRESS	•			
CITY-ST-ZIP			5.4 CITY-5					
TITLE		☐ DELETE	6.1 TITLE			•	Chang	e
NAME			6.2 NAME	ĺ	-	•		İ

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS