


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 OCT -6 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002165 (6)
 1. Corporation Name
CHURCH OF JESUS-CHRIST OF MIAMI INC.

Principal Place of Business 1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162	Mailing Address 1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1120 NE 155 ST		2a. Mailing Address 26 1120 NE 155 STREET		3. Date Incorporated or Qualified 04/19/1996		3a. Date of Last Report N/A	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number ETN65-068-2584		Applied For Not Applicable	
23 City & State N. MIAMI Bch FL		28 City & State N. MIAMI Bch. FL.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 33162		25 Country Dade		29 Zip 33162		30 Country Dade	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent
GISME, JEAN GUIVARD PASTOR
1120 N.E. 155TH STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent
 81 Name **Rev. Gisme, Jean Guivard, Director**
 82 Street Address (P.O. Box Number is Not Acceptable)
1120 NE 155 street
 83 **1120 NE 155 street**
 84 City **N. Miami Beach** FL 85 Zip Code **33162**

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]* DATE **08-31-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	REV. ISIDORE VICTOR <input type="checkbox"/> DELETE 557 NE 63rd Street MIAMI, FL. 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE N/A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Rev. Mollere Jean-Noel <input type="checkbox"/> Change <input type="checkbox"/> Addition treasurer 1120 NE 155 STREET N. Miami Bch Fl. 33162
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Registered agent also a N/A director
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 70000231680 -10/09/97--01110--004 *****61.25 *****61.25
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition N/A A. Alan 10/6/97

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; 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 as an attachment with an address.
 SIGNATURE *[Signature]* DATE **8-10-97**

CR2E037 (4/97)