


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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> , 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	Mailing Address
<b>1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162</b>	<b>1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162</b>

DO NOT WRITE IN THIS SPACE

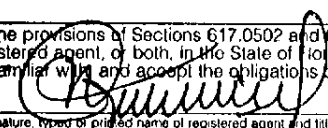
2. Principal Place of Business	2a. Mailing Address
<b>21 1120 NE 155 ST</b>	<b>26 1120 NE 155 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23 N. MIAMI Bch FL</b>	<b>28 N. MIAMI Bch. FL.</b>
Zip	Zip
<b>24 33162</b>	<b>29 33162</b>
Country	Country
<b>25 Dade</b>	<b>30 Dade</b>

3. Date Incorporated or Qualified <b>04/19/1996</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>ET N 65-068-2584</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	
<b>GISME, JEAN GUIVARD PASTOR 1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162</b>	

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

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 **08-31-97**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
<b>Rev. Mollere Jean-Noel</b>	<b>1120 NE 155 STREET</b>
<b>Treasurer</b>	<b>N. Miami Bch FL. 33162</b>
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
<b>Registered agent</b>	<b>N/A</b>
<b>N/A</b>	<b>director</b>
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
<b>70000231680</b>	<b>N/A</b>
<b>-10/09/97--01110--004</b>	<b>N/A</b>
<b>*****61.25 *****61.25</b>	<b>N/A</b>
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
<b>N/A</b>	<b>N/A</b>
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
<b>N/A</b>	<b>N/A</b>
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
<b>N/A</b>	<b>N/A</b>

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 in an attachment with an address.

SIGNATURE  DATE **8-10-97**

CR2E037 (4/97)