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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000002165

1. Corporation Name

CHURCH OF JESUS-CHRIST OF MIAMI INC.

Principal Place of Business

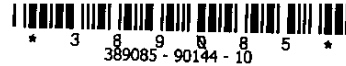
1120 NE 155TH ST
N. MIAMI BEACH FL 33162

US 950 NE 140 STREET
MIAMI, FL. 33161

Mailing Address

1120 NE 155TH STREET
N. MIAMI BEACH FL 33162

950 NE 140 ST
MIAMI, FL 33161



2. Principal Place of Business

21 950 NE 140 ST.

2a. Mailing Address

26 950 NE 140 ST

Suite, Apt. #, etc.

22 MIAMI

Suite, Apt. #, etc.

27 MIAMI

City & State

23 FLORIDA

City & State

28 FLORIDA

Zip

24 33161

Country

25 DADE

Zip

29 33161

Country

30 DADE

3. Date Incorporated or Qualified

04/19/1996

4. FEI Number

65-0682584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GISME, JEAN GUIVARD PASTOR

1120 NE 155TH STREET 1217 NE 127 STREET
N. MIAMI BEACH FL 33162 MIAMI, FL. 33161

10. Name and Address of New Registered Agent

81 Name GISME, JEAN GUIVARD

82 Street Address (P.O. Box Number is Not Acceptable)
1217 NE 127 STREET

83 MIAMI, FL. 33161

84 City MIAMI, FL. FL 85 Zip Code 33161

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 GISME, JEAN GUIVARD

STREET ADDRESS 1120 NE 155TH STREET

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE SD ☒ DELETE

NAME VICTOR, ISIDORE REV.

STREET ADDRESS 557 NE 63RD STREET

CITY-ST-ZIP MIAMI FL 33138

TITLE DT ☒ DELETE

NAME MOLIERS, JEAN NOEL

STREET ADDRESS 1120 NE 155TH STREET

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D GISME, JEAN GUIVARD ☒ Change ☐ Addition

1.2 NAME 1217 NE 127 STREET

1.3 STREET ADDRESS MIAMI, FL. 33161

1.4 CITY-ST-ZIP ESPELITE BIENNAME ☒ Change ☒ Addition

2.1 TITLE TR 950 NE 140 STREET

2.2 NAME MIAMI, FL. 33161

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE T JONAS ALCIME ☒ Change ☒ Addition

3.2 NAME 530 NW 109 STREET

3.3 STREET ADDRESS MIAMI, FL. 33168

3.4 CITY-ST-ZIP

4.1 TITLE S MARIE C. JEANTY ☐ Change ☒ Addition

4.2 NAME 510 NW 109 STREET

4.3 STREET ADDRESS MIAMI, FL. 33168

4.4 CITY-ST-ZIP

5.1 TITLE TR JEAN RENOLD DIVERGER ☐ Change ☒ Addition

5.2 NAME 55 NW 124 ST

5.3 STREET ADDRESS MIAMI, FL. 33168

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: JEAN GUIVARD, PASTOR 4-17-99 305-548-5601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98