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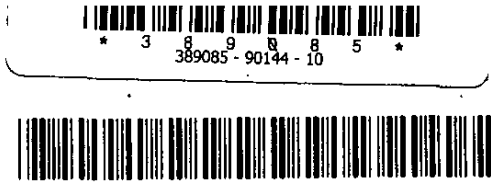
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002165

1. Corporation Name
CHURCH OF JESUS-CHRIST OF MIAMI INC.



Principal Place of Business 1120 NE 155 TH ST N. MIAMI BEACH FL 33162 US 950 NE 140 STREET MIAMI, FL. 33161	Mailing Address 1120 N.E. 155 TH STREET N. MIAMI BEACH FL 33162 950 NE 140 ST MIAMI, FL 33161
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2. Principal Place of Business 21 950 NE 140 ST.	2a. Mailing Address 26 950 NE 140 ST	3. Date Incorporated or Qualified 04/19/1996
Suite, Apt. #, etc. 22 MIAMI	Suite, Apt. #, etc. 27 MIAMI	4. FEI Number 65-0682584
City & State 23 FLORIDA	City & State 28 FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33161	Country 25 DADE	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33161	Country 30 DADE	

9. Name and Address of Current Registered Agent GISME, JEAN GUIVARD PASTOR 1120 N.E. 155TH STREET N. MIAMI BEACH FL 33162 1217 NE 127 STREET 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	
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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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GISME, JEAN GUIVARD		1.2 NAME GISME, JEAN GUIVARD	
STREET ADDRESS 1120 N.E. 155 STREET		1.3 STREET ADDRESS 1217 NE 127 STREET	
CITY-ST-ZIP N. MIAMI BEACH FL 33162		1.4 CITY-ST-ZIP MIAMI, FL. 33161	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VICTOR, ISIDORE REV.		2.2 NAME ESPELITE BIENNAME	
STREET ADDRESS 567 N.E. 63RD STREET		2.3 STREET ADDRESS 950 NE 140 STREET	
CITY-ST-ZIP MIAMI FL 33138		2.4 CITY-ST-ZIP MIAMI, FL. 33161	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOLIERE, JEAN NOEL		3.2 NAME JONAS ALCIME	
STREET ADDRESS 1120 N.E. 155 STREET		3.3 STREET ADDRESS 530 NW 109 STREET	
CITY-ST-ZIP N. MIAMI BEACH FL 33162		3.4 CITY-ST-ZIP MIAMI, FL. 33168	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARIE C. JEANTY		4.2 NAME MARIE C. JEANTY	
STREET ADDRESS 510 NW 109 STREET		4.3 STREET ADDRESS MIAMI, FL. 33168	
CITY-ST-ZIP MIAMI, FL. 33168		4.4 CITY-ST-ZIP MIAMI, FL. 33168	
TITLE TR	<input type="checkbox"/> DELETE	5.1 TITLE TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JEAN RENOLD DWERGER		5.2 NAME JEAN RENOLD DWERGER	
STREET ADDRESS 55 NW 124 ST		5.3 STREET ADDRESS MIAMI, FL. 33168	
CITY-ST-ZIP MIAMI, FL. 33168		5.4 CITY-ST-ZIP MIAMI, FL. 33168	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Gisme, Pastor 4-17-99 305-548-5601
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-11/98