

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90268 039 \*\*\*\*75.00

**DOCUMENT # N98000004442**

1. Entity Name

MISSION EVANGELIQUE DU CHRISTIANISME, INC.



Principal Place of Business

535 NW 54TH STREET  
 MIAMI FL 33127

Mailing Address

2201 NW 41ST AVENUE  
 3301  
 LAUDERHILL FL 33313  
 SU

94076412



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0717889

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KERSAINT, JOSEPH  
 2201 NW 41ST AVE #301  
 LAUDERHILL FL 33313

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.



**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	JOSEPH, KERSAINT	
STREET ADDRESS	2201 NW 41 AVENUE #301	
CITY-ST-ZIP	LAUDERHILL FL 33313	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FELISAINT, DELICE	
STREET ADDRESS	20 NW 122ND STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST FELIX, FANDOR	
STREET ADDRESS	3610 NW 21ST ST #312	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEURIMONT, RAMICOIS	
STREET ADDRESS	1610 NE 10TH COURT	
CITY-ST-ZIP	NORTH MIAMI FL 33162	
TITLE	Rev. Christlorme Paul	<input type="checkbox"/> Delete
NAME	2201 NW 41 AVE St. 301	
STREET ADDRESS	Lauderhill, FL. 33313	
CITY-ST-ZIP	Pastor	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04