FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 751911

(9)

HAITIAN GOSPEL EVANGELICAL CHURCH, INC.

HAITIAN GOGFEL EVANGELICAL CHORON, INC.						
Principal Place	of Business	Mailing Address		T 194111 10001 BITOL 1161F 10161 11001	1481 AIDIT DIBIT DIBLI DIBLI DIDIT BIDIT INDE	
131 NE 9 ST 610 S.W. 30TH AVENUE FT. LAUDERDALE FL 33312-2123 US		C/O MARCEL JEAN 610 S.W. 30TH AVENUE POMPANO B FL 33312-2123 US				
				3. Date incorporated or Qualified 04/07/1980	3a. Date of Last Report 07/28/1995	
2. Principal Place of Business 21 131 NE 9ST		2a. Mailing Address 26 610 SW 30AV		4. FEI Number 05-4482519	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 Pambomo B. F.F.A		City & State 233312		Election Campaign Financing Trust Fund Contribution	S \$5.00 May Be Added to Fees	
Zip 73	060 Countly	Zip 7	Country 30	This corporation has liability for II Florida Statutes	ntangible tax under s. 199.032,	
- J.J	9. Name and Address of Current		<u></u>	, 10. Name and Address of New R	egistered Agent	
JEAN, MARCEL Marcel Jean 610 SW 30TH AVE. 610 SW 30 AVE 610 SW 30 AVE FT.L. FL 33312 FFF FL B 33312 FL FL B 33312 FL B 5 ZID COCKE 81 Name Marcel Jean 82 Street Address (P.O. Box Number is Not Acceptable) 83 G10 GW 30 AVE 84 City FFF FL B 333312						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named confortation 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 61,0503, Florida Statutes. SIGNATURE Storage appears a material name or registerial agent particles. INOTE: Registered Agent signature required when renslating:						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	DELETE	1.1 TUTLE	REV Marcel Jea	Change ☐ Addition	
NAME	JEAN, MARCEL		1.2 NAME	610 SW 30 AV	Q.f.	
STREET ADDRESS	610 S. W. 30 AVE.		1.3 STREET ADDRESS	610 500 50 17 72217	asion	
CITY-ST-ZIP	FT. LAUDERDALE FL	Florers	1.4 C(TY+ST-Z)P	FHL FLA 33312		
TITLE	VD	DELETE	2 1 TITLE	*Francois Silr 1337 Spixie Hwy of Deerfield Beach	ne Change Addition	
NAME	FRANCOIS, SILME		2 2 NAME	1779 DIXIC HIJU	4t520 Evang	
STREET ADDRESS	1337 S DIXIE HWY #520 DEERFIELD BCH FL		2 3 STREET ADDRESS	heer Ciald mench	F133441	
CITY-ST-ZIP	SD SD	[*]DELÉTE	2 4 CITY - ST - ZIP 3 1 TITLE	Decipied Ducin	Change Addition	
TITLE NAME	JEAN, MONCEAN	Detect	32 NAME	· Jean Monceau	y	
STREET ADDRESS	151 NE 17TH CT		3 3 STREET ADDRESS	151 N.E. 17+nC	/	
	POMPANO BCH FL		3 4. City-St-ZIP	pom pano BCI		
CITY-ST-ZIP TITLE	10//// 00/// 2	DELETE	4 1 Title	pompune ser	Change Addition	
NAME			4 2 NAME			
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CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS		Į	
CITY-ST-ZIP			5 4 CITY - S1 - ZIP			
TITLE		DELETE	6 1 TITLE		Change Add-tion	
NAME			6 2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP		the Alice File of a set of the file of	6 4 CHY-ST-ZIP	diff. for the appointing stated in Casting 4.0	OZIOVIA Elevida Chat des 15 deser-	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 eath; that I am an officer or director of the corporation 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.						

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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