

1-23-97 B-0632 NC  
FILE NOW: FILING FEE IS \$61.25

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Jan 23 1997 8:00am  
Secretary of State

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 # **754899** (3)

1. Corporation Name

**HAITIAN EVANGELICAL BAPTIST CHURCH, INC.**

Principal Place of Business

**800 N.W. 14TH STREET  
MIAMI FL 33136**

Mailing Address

**P.O. BOX 693171  
MIAMI FL 33269-0171**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/30/1980</b>	3a. Date of Last Report <b>08/21/1996</b>
21		26		4. FEI Number <b>94-3086686</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SERAPHIN, ROCHENER  
9800 S.W. 14TH STREET  
PEMBROKE PINES FL 33025**

81 Name

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

83

84 City

**FL**

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOISE, JEAN C</b>	1.2 NAME	
STREET ADDRESS	<b>10804 NW 2ND AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYPPOLITE, JONATHAN</b>	2.2 NAME	
STREET ADDRESS	<b>13155 IXORA CT., #204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33181</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN, LUC</b>	3.2 NAME	
STREET ADDRESS	<b>551 NW 183RD TERRACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EUGENE, FRANTZ D</b>	4.2 NAME	
STREET ADDRESS	<b>19721 NW 6TH CT.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	4.4 CITY-ST-ZIP	
TITLE	<b>M</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALIXTA, HAROLD</b>	5.2 NAME	
STREET ADDRESS	<b>6729 CAMELIA DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33025</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DARIUS, CAROL A</b>	6.2 NAME	
STREET ADDRESS	<b>6729 CAMELIA DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33025</b>	6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Frantz David Eugene* 1/12/97

Date

Daytime Phone # 0034172

CR2E037 (9/96)