

1-23-97 B-0632 NC  
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 Jan 23 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 10/30/1980  
 3a. Date of Last Report: 08/21/1996  
 4. FEI Number: 94-3086686 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
 SERAPHIN, ROCHENER  
 9800 S.W. 14TH STREET  
 PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MOISE, JEAN C	
STREET ADDRESS	10804 NW 2ND AVE.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HYPPOLITE, JONATHAN	
STREET ADDRESS	13155 IXORA CT., #204	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JEAN, LUC	
STREET ADDRESS	551 NW 183RD TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EUGENE, FRANTZ D	
STREET ADDRESS	19721 NW 6TH CT.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	M	<input type="checkbox"/> DELETE
NAME	CALIXTA, HAROLD	
STREET ADDRESS	6729 CAMELIA DRIVE	
CITY-ST-ZIP	MIAMI FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARIUS, CAROL A	
STREET ADDRESS	6729 CAMELIA DRIVE	
CITY-ST-ZIP	MIAMI FL 33025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Frantz David Eugene* 1/12/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034172

CR2E037 (9/96)