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**Jul 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 10/30/1980	
4. FEI Number 94-3086686	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 800 NW 14th Street	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. 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
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 signature required when reappointing) 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 651 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME M Calixte, Harold
5.3 STREET ADDRESS 6729 Camelia Drive
5.4 CITY-ST-ZIP MIRAMAR, Florida 33025
6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Darius, Carol A
6.3 STREET ADDRESS 8801 North Crescent Drive
6.4 CITY-ST-ZIP MIRAMAR, FL 33025

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.

SIGNATURE *[Signature]* 112560 25-751-7337

CR2E037 (10/97)