

FILE NOW: FILING FEE IS \$61.25

FILED
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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2. Principal Place of Business 21 800 NW 14th Street	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

6. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified
10/30/1980

4. FEI Number
94-3086686

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P MOISE, JEAN C	1.2 NAME	
STREET ADDRESS	10804 NW 2ND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V HYPPOLITE, JONATHAN	2.2 NAME	
STREET ADDRESS	13155 IXORA CT., #204	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T JEAN, LUC	3.2 NAME	
STREET ADDRESS	651 NW 183RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD EUGENE, FRANTZ D	4.2 NAME	
STREET ADDRESS	19721 NW 6TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M CALIXTA, HAROLD	5.2 NAME	M Calixte, Harold
STREET ADDRESS	6729 CAMELIA DRIVE	5.3 STREET ADDRESS	6729 Camelia Drive
CITY-ST-ZIP	MIAMI FL 33025	5.4 CITY-ST-ZIP	Miramar, Florida 33025
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DARIUS, CAROL A	6.2 NAME	D Darius, Carol A
STREET ADDRESS	6729 CAMELIA DRIVE	6.3 STREET ADDRESS	8801 North Crescent Drive
CITY-ST-ZIP	MIAMI FL 33025	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 _____

CR2E037 (10/97)