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May 10, 1999 8:00 am
Secretary of State

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CR2E037 (1/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754899

1. Corporation Name
HAITIAN EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business 800 NW 14TH STREET MIAMI FL 33136 US	Mailing Address P.O. BOX 693171 MIAMI FL 33269
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2. Principal Place of Business 21	2a. Mailing Address 26 P.O. BOX 694970	3. Date Incorporated or Qualified 10/30/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 94-3086686
City & State 23	City & State Miami & Florida	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country U.S.A	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **Fernand Thony**
 82 Street Address (P.O. Box Number is Not Acceptable)
1624 NE 151st Street
 83 **North Miami**
 84 City **FL** 85 Zip Code **33162**

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]* DATE **4/28/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYPPOLITE, JONATHAN	2.2 NAME	
STREET ADDRESS	13155 IXORA CT., #204	2.3 STREET ADDRESS	7624 Dillido BLVD
CITY-ST-ZIP	MIAMI FL 33181	2.4 CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, LUC	3.2 NAME	
STREET ADDRESS	551 NW 183RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE, FRANTZ D	4.2 NAME	
STREET ADDRESS	19721 NW 6TH CT.	4.3 STREET ADDRESS	16801 NE 14th Ave #105
CITY-ST-ZIP	MIAMI FL 33169	4.4 CITY-ST-ZIP	North Mia. Beach, FL 33162
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIXTA, HAROLD	5.2 NAME	Chairperson
STREET ADDRESS	6729 CAMELIA DRIVE	5.3 STREET ADDRESS	Calixte, Nancy
CITY-ST-ZIP	MIRAMAR FL 33025	5.4 CITY-ST-ZIP	6729 Camelia Drive
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARIUS, CAROL A	6.2 NAME	Director / managing Director
STREET ADDRESS	8801 N CRESCENT DR	6.3 STREET ADDRESS	Gerald clerie
CITY-ST-ZIP	MIRAMAR FL 33025	6.4 CITY-ST-ZIP	8014 NW 75 AVE
			TAMARAC FL 33321

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4/28/99** DAYTIME PHONE # **305-751-7337**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR