

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002984 (3)**

1. Corporation Name

**SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH, INC.**



Principal Place of Business

Mailing Address

1615 LAKE AVENUE  
LAKE WORTH FL 33460

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LAKE WORTH FL 33460

3. Date Incorporated or Qualified

06/28/1993

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number

65-0531379

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUISSAINT, ELIE REV.  
1615 LAKE AVENUE  
LAKE WORTH FL 33460

81 Name

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

83

84 City

FL

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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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOUISSAINT, ELIE	
STREET ADDRESS	2935 DONALD ROAD	
CITY - ST - ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANON, JEAN	
STREET ADDRESS	413 PERRY AVENUE	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE	O	<input type="checkbox"/> DELETE
NAME	LEOPOLD-PIERRE, GERMAIN	
STREET ADDRESS	1134 17TH AVE., N. APT. 1	
CITY - ST - ZIP	LAKE WORTH FL 33460	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SAINT-JULIEN, RONES	
STREET ADDRESS	1330 FLAMINGO DR.	
CITY - ST - ZIP	LANTANA FL 33462	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JEROME, JEAN NESMY	
STREET ADDRESS	1326 DADE PALM DR.	
CITY - ST - ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN-PIERRE, CIAVEUS	
STREET ADDRESS	1516 NE 1ST CT.	
CITY - ST - ZIP	BOYNTON BCH. FL	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Onikel Augustin
43 STREET ADDRESS	1375 NW 127 Street
44 CITY - ST - ZIP	Miami, FL 33167
51 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Howard Kittelberger
53 STREET ADDRESS	909 Harbour Pointe Way
54 CITY - ST - ZIP	West Palm Beach, FL 33413
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Elie Louissaint*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2/13/96  
Daytime Phone #: (407) 586-5691

CR2E037 (12/95)