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FILED
Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002984 (3)
1. Corporation Name
SALEM HAITIAN EVANGELICAL LUTHERAN CHURCH, INC.



Principal Place of Business 1615 LAKE AVENUE LAKE WORTH FL 33460	Mailing Address 1615 LAKE AVENUE LAKE WORTH FL 33460-3670
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3. Date Incorporated or Qualified 06/28/1993	3a. Date of Last Report 02/15/1996
4. FEI Number 65-0531379	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
LOUISSAINT, ELIE REV.
1615 LAKE AVENUE
LAKE WORTH FL 33460

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

12. OFFICERS AND DIRECTORS

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	AUGUSTIN, ONIKEL	
STREET ADDRESS	1375 NW 127 STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITTELBERGER, HOWARD	
STREET ADDRESS	909 HARBOUR POINTE WAY	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN-PIERRE, CIAVEUS	
STREET ADDRESS	1516 NE 1ST CT.	
CITY - ST - ZIP	BOYNTON BCH. FL	

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 checked="" type="checkbox"/> Addition
4.2 NAME	D LOUISSAINT, ROSE MARY
4.3 STREET ADDRESS	2935 DONALD ROAD
4.4 CITY - ST - ZIP	LAKE WORTH, FL 33461
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: Elie Louissant 4/10/97 561-641-8980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039065

CR2E037 (9/96)