


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1615 LAKE AVENUE LAKE WORTH FL 33460</b>	Mailing Address <b>1615 LAKE AVENUE LAKE WORTH FL 33460</b>
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3. Date Incorporated or Qualified <b>06/28/1993</b>	Applied For Not Applicable
4. FEI Number <b>65-0531379</b>	

2. Principal Place of Business 21 <b>1020 S. Dixie Highway</b> Suite, Apt. #, etc. 22 City & State 23 <b>Lake Worth FL.</b> Zip 24 <b>33460</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 <b>Palm Beach</b> 30
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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	

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 *[Signature]* DATE **2/18/98**  
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUISSAINT, ELIE</b>	1.2 NAME	
STREET ADDRESS	<b>2935 DONALD ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33461</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANON, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>413 PERRY AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENACRES FL 33463</b>	2.4 CITY-ST-ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEOPOLD-PIERRE, GERMAIN</b>	3.2 NAME	
STREET ADDRESS	<b>1134 17TH AVE., N. APT. 1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33460</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOUISSAINT, ROSE MARY</b>	4.2 NAME	
STREET ADDRESS	<b>2935 DONALD ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KITTELBERGER, HOWARD</b>	5.2 NAME	
STREET ADDRESS	<b>909 HARBOUR POINTE WAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN-PIERRE, CIAVEUS</b>	6.2 NAME	
STREET ADDRESS	<b>1516 NE 1ST CT.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOYNTON BCH. FL</b>	6.4 CITY-ST-ZIP	

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]* DATE **2/10/1998**

CR2E037 (10/97)