FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N94000004894 (1) **DOCUMENT #**

HAITIAN EVANGELICAL BAPTIST CHURCH OF JOHN 3:16, INC Mailing Address Principal Place of Business 200 S.W. 14TH AVE. 4TH ST NE STORALL #350 F THIRD BUILDING **BOYNTON BEACH FL 33435** DELRAY BEACH FL 33444 3a. Date of Last Report 3. Date Incorporated or Qualified 09/30/1994 09/11/1995 4 EEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0575865 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζıρ ☐ Yes ☐ No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** LACOMBE, RISALDO 82 **403 NW 1ST ST** 83 **BOYNTON BEACH FL 33435** Zip Code 85 City 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 reinstating) Signature, typed or printed name of registered agont and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Addition DELETE Change 1 1 DILE FAITUS, Amos 256 NE 14 Avenue Detray Buch, FL 33444 TITLE BELIZAIRE, JOSEPH T 1.2 NAME NAME 119 SE 5TH STREET 1 3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483-4435 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addit on DELETE 2.1 TITLE TITLE 2.2 NAME ETIENNE, CAROLE NAME 126 BUNTTON WOOD CIRCLE 2.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** 2 4 CITY - ST - ZIP CITY-ST-2IP Addition Change DELETE 3.1 TIFLE TITE F LACOMBE, MARIE M 3.2 NAME NAME 3.3 STREET ADDRESS 200 S.W. 14TH AVE STREET ADDRESS **BOYNTON BEACH FL 33435** 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Add⊲tion DELETE 4.1 TITLE JULIEN, Olondieu 90 NE 1818 Ave Boynton Beach, FL 33435 TITLE JULIEN, LANDIEU 4. 2 NAME NAME 90 NE 18TH AVE. 4.3 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33435** 4.4 CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP Addition 3000018660**6**5 DELETE 61 TITLE TITLE -06/19/96--01001--004

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 or his annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name with address. appears in Block 12 or Block

SUMING OFFICER OR DIRECTOR

62 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

6-4-96 (407) 732 1110

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