NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90023 009 \*\*\*\*61.25

## DOCUMENT # N94000004894

1. Corporation Name

THIRD BUILDING

HAITIAN EVANGELICAL BAPTIST CHURCH OF JOHN 3:16, 'INC

Principal Place of Business 4TH ST NE STOR-ALL #350 F

**DELRAY BEACH FL 33444** 

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

200 S.W. 14TH AVE. **BOYNTON BEACH FL 33435** 

|--|

3. Date Incorporated or Qualifed

09/30/1994

4. FEI Number

22		27					<b>65-0575865</b>		Not	Applicable	
City & Stat	0	City &	State			1_	O different of Other Desired		\$8.75 A	dditional	
23		28				3.	Certificate of Status Desired		Fee Rec	quired	
Zip	Country	Zip		Country	,	6.	Election Campaign Financing		\$5.00	May Be	
24	25	29	30			l	Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
The state of the s					Name	A 1 A	1 hooneBE		•	}	
LACOMBE, RISALDO					Street Addre	サルC ess (P	O. Box Number is Not Accept	able)			
200 SW 14TH AVENUE					200	نک	W. IMBAVE				
BOYNTON BEACH FL 33435					,	•					
55111511 55111 55115					City n				85 Zip C	ode	
•					15 Soynton Boach FL: 32435						
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with a accept the appointment as registered agent. I am familiar with a accept the appointment as registered agent. I am familiar with a accept the appointment as registered agent. I am familiar with a accept the appointment as registered agent.											
SIGNATURE FORMAL											
SIGNATURE	Signature, typed or printed name of registered agent	and the if applicable	(NOTE: Reg		nt signature required			DATE	- DIDECTO	2011140	
12.	OFFICERS ANI	DIRECTORS		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE .	D		☐ DELETÉ	1.1 TITLE					Change	☐ Addition	
NAME	FAITUS, AMOS			1.2 NAME					:		
STREET ADDRESS	256 NE 14TH AVENUE	•		1.3 STREE	TADDRESS					İ	
CITY-ST-ZIP	DELRAY BEACH FL 33344			1.4 CITY-5	T-ZIP						
TITLE	ST		☐ DELETE	2.1 TITLE	ŀ			-	Change	☐ Addition	
NAME	ETIENNE, CAROLE			2.2 NAME	1					Į	
STREET ADDRESS	126 BUNTTON WOOD CIRCLE			2.3 STREE	TADDRESS				•		
CITY-ST-ZIP	BOYNTON BEACH FL 33436			2. 4 CITY-	ST-ZIP				<u> </u>	CT A 1 197	
TITLE	TT		☐ DELETE	3.1 TITLE					Change	Addition	
NAME	LACOMBE, MARIE M			3.2 NAME						. [	
STREET ADDRESS	200 S.W. 14TH AVE			3.3 STREE	TADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435			3.4. CITY-1	ST-ZIP				<u> </u>		
TITLE	D		☐ DELETE	4.1 TITLE					Change	☐ Addition	
NAME	NOEL, ALABRY		1	4. 2 NAME					•		
STREET ADDRESS				4.3 STREE	T ADDRESS					.	
CITY-ST-ZIP	DELRAY BEACH FL 33445			4.4 CITY-5	ST-Z3P			-			
TITLE			☐ DELETE	5.1 TITLE					Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS				_	TADDRESS		رم ارید اعیصالا ای میت اما یم	مشوم الأشرائي -			
CITY-ST-ZIP	·			5.4 CITY-5	ST-ZIP					- Addising	
TITLE			☐ DELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAME			•			[	
STREET ADDRESS				6.3 STREE	TADDRESS					,	
CITY-ST-ZIP				6.4 CITY-S	ST-ZIP						

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:** 

Applied For