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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005389

1. Corporation Name
MOUNT HOREB HAITIAN EVANGELIC CHURCH, INC. OF TH E C.M.A.

* 927121 90025 20 *

Principal Place of Business	Mailing Address
1251 NW 31ST AVENUE FT. LAUDERDALE FL 33311	P.O. BOX 23900 FT. LAUDERDALE FL 33307

2. Principal Place of Business 21 Same as above	2a. Mailing Address 26 S/A	3. Date Incorporated or Qualifed 10/21/1996
Suite, Apt. #, etc. 22 S/A	Suite, Apt. #, etc. 27 S/A	4. FEI Number 65-0704712 ☐ Applied For ☐ Not Applicable
City & State 23 S/A	City & State 28 S/A	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 S/A 25	Zip / Country 29 30 S/A.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DUVRA, IVALIER
2024 NW 12TH AVENUE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: DUVRA, IVALIER
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2024 NW 12 AVE
84 City: Fort-lauderdale FL 85 Zip Code: 33311

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: Ivalier Duvra / IVALIER DUVRA, Pastor — 01-04-99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUVRA, IVALIER		1.2 NAME		
STREET ADDRESS	2024 NW 12TH AVE.		1.3 STREET ADDRESS	None	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANTENOR, SINOUS		2.2 NAME		
STREET ADDRESS	2734 SW 4TH CT.		2.3 STREET ADDRESS	None	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	BEAUBRUN, JEAN E		3.2 NAME	ERica Noel	
STREET ADDRESS	819 NW 29TH CT.		3.3 STREET ADDRESS	422 SW 27 Ter	
CITY-ST-ZIP	WILTON MANORS FL 33311		3.4. CITY-ST-ZIP	Fort-lauderdale Fla 33312	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, JESUS F		4.2 NAME		
STREET ADDRESS	2033 NW 10TH AVE.		4.3 STREET ADDRESS	None	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MEME, WILNER		5.2 NAME		
STREET ADDRESS	835 NE 14TH CT., APT 4		5.3 STREET ADDRESS	None	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		5.4 CITY-ST-ZIP		
TITLE	M	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DUFRESNE, GERARD		6.2 NAME		
STREET ADDRESS	1080 NW 21ST ST.		6.3 STREET ADDRESS	None	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Ivalier Duvra REQUIRED IVALIER DUVRA 01-04-99 (954) 303596 (954) 522-1325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #