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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000006300

1. Corporation Name

CHRISTIAN BAPTISTE CHURCH OF CANAAN, INC.

Principal Place of Business

**274 NE 59 STREET
MIAMI FL 33138**

Mailing Address

**213 N.E. 107TH STREET
MIAMI FL 33161**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

12/11/1996

4. FEI Number

65-0743204

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**DESENTANT, JOSEPH
314 N.E. 115TH STREET
MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name **REPHA THOMAS**
82 Street Address (P.O. Box Number is Not Acceptable)
14115 N-E 7TH AVE
83 **MIAMI, FLA 33161**
84 City **FL** **85** Zip Code **33161**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	DESENTANT, JOSEPH	274 N.E. 59 STREET	MIAMI FL 33138	<input type="checkbox"/>
V	CHARLES, ESPERT L	274 NE 59 STREET	MIAMI FL 33138	<input type="checkbox"/>
T	JOSEPH, OSLER	274 NE 59 STREET	MIAMI FL 33138	<input type="checkbox"/>
S	JOSEPH, MARIE C	274 NE 59 STREET	MIAMI FL 33138	<input type="checkbox"/>
T	BERGEMAN, ADRIEN	741 N.E. 142 STREET	MIAMI FL 33161	<input checked="" type="checkbox"/>
T	SALVADOR, ULRICK	175 N.W. 75 STREET	MIAMI FL 33150	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	REPHA THOMAS	14115 N-E 7TH AVE	MIAMI, FLA 33161	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-99 (305) 8330737

CR2E037 (11/98)