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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE,
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004979 (0)

1. Corporation Name

HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC.

Principal Place of Business

1205 ORANGE AVE.
FT. PIERCE FL 34854

Mailing Address

P.O. BOX 124
FT. PIERCE FL 34954-0124

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0578408

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1205 ORANGE AVE

Suite, Apt. #, etc.

22 FORT PIERCE

City & State

24 34954 25 St Lucie

Zip Country

2a. Mailing Address

26 P O BOX 124

Suite, Apt. #, etc.

27 FORT PIERCE FLA

City & State

29 34954 30 St Lucie

Zip Country

9. Name and Address of Current Registered Agent

TATTEGRAIN, RAYMOND
3200 S. 7TH STREET (LOT 26)
FT. PIERCE FL 34982

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TATTEGRAIN, RAYMOND
STREET ADDRESS 3200 S. 7TH STREET, LOT 126
CITY-ST-ZIP FT. PIERCE FL 34982

TITLE D
NAME GERMAIN, CEDIEU
STREET ADDRESS 404 DELAWARE AVE.
CITY-ST-ZIP FT. PIERCE FL 34950

TITLE D
NAME RICHARD, REGNER
STREET ADDRESS 421 N. 24TH STREET
CITY-ST-ZIP FT. PIERCE FL 34953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 REQUIRED

CR2E037 (9/96)