

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90092 038 ****61.25

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1. Corporation Name

HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC.

386513 - 90092 - 38

Principal Place of Business

Mailing Address

1205 ORANGE AVE
FT PIERCE FL 34954
US

P.O. BOX 124
FT. PIERCE FL 34956
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/10/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0578408

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

TITLE D ☐ DELETE
NAME ANTOINE BOCICOT
STREET ADDRESS 1012 ORANGE AVE FORT PIERCE
CITY-ST-ZIP FLA 34954

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

TITLE D ☐ DELETE
NAME VENELIE N DESIR
STREET ADDRESS 2407 N 24th St Fort Pierce
CITY-ST-ZIP FLA 34954

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Raymond Tattegrain (861) 460-9619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (1/1/98)