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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 754899

1. Corporation Name

HAITIAN EVANGELICAL BAPTIST CHURCH, INC.

Principal Place of Business

800 NW 14TH STREET  
MIAMI FL 33136  
US

Mailing Address

P.O. BOX 693171  
MIAMI FL 33269



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 P.O. BOX 694970

Suite, Apt. #, etc.

27 City & State

28 Miami & Florida

29 33269 30 U.S.A

3. Date Incorporated or Qualified

10/30/1980

4. FEI Number

94-3086686

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

9. Name and Address of Current Registered Agent

SERAPHIN, ROCHENER  
9800 S.W. 14TH STREET  
PEMBROKE PINES FL 33025

10. Name and Address of New Registered Agent

81 Name Fernand Thony

82 Street Address (P.O. Box Number is Not Acceptable)

1624 NE 15th Street

83 North Miami

84 City

FL 85 Zip Code 33162

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

4/28/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME MOISE, JEAN C  
STREET ADDRESS 10804 NW 2ND AVE.  
CITY-ST-ZIP MIAMI FL 33168

TITLE V  
NAME HYPPOLITE, JONATHAN  
STREET ADDRESS 13155 IXORA CT., #204  
CITY-ST-ZIP MIAMI FL 33181

TITLE T  
NAME JEAN, LUC  
STREET ADDRESS 551 NW 183RD TERRACE  
CITY-ST-ZIP MIAMI FL 33169

TITLE SD  
NAME EUGENE, FRANTZ D  
STREET ADDRESS 19721 NW 6TH CT.  
CITY-ST-ZIP MIAMI FL 33169

TITLE M  
NAME CALIXTA, HAROLD  
STREET ADDRESS 6729 CAMELIA DRIVE  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D  
NAME DARIUS, CAROL A  
STREET ADDRESS 8801 N CRESCENT DR  
CITY-ST-ZIP MIRAMAR FL 33025

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 7624 Dillido Blvd  
2.4 CITY-ST-ZIP Miramar, FL 33025

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 16801 NE 14th Ave #105  
4.4 CITY-ST-ZIP North Mia. Beach, FL 33162

5.1 TITLE Chairperson  
5.2 NAME Calixte, Nancy  
5.3 STREET ADDRESS 6729 Camelia Drive  
5.4 CITY-ST-ZIP Miramar, FL 33025

6.1 TITLE Director / managing director  
6.2 NAME Gerald clerie  
6.3 STREET ADDRESS 8014 NW 75 Ave  
6.4 CITY-ST-ZIP Tamarac, FL 33321

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 AND TYPED OR PRINTED NAME OF SINGING OFFICER OR DIRECTOR

4/28/99

Date

305-751-7337

Daytime Phone #

CR2E037 (11/98)