FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARAMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 1. Corporation Name

(3)

FIRST INTERDENOMINATIONAL HAITIAN CHURCH, INC.

5832- 60 N.E. 2ND AVE. MIAMI FL 33137

21

22

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

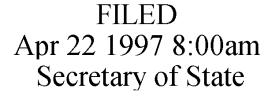
Mailing Address

5832- 60 N.E. 2ND AVE. MIAMI FL 33137-2002

2a. Mailing Address

Suite, Apt. #, etc.

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3a. Date of Last Report 04/25/1996

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified 08/18/1971

59-1813806

5. Certificate of Status Desired

4. FEI Number

City & State	0		L_ Cii	City & State					6. Election Campaign Financing \$5.00 May Be	1	
23		· · · · · · · · · · · · · · · · · · ·	28	4-4				_	Trust Fund Contribution Added to Fees		
Zip		Country	Z ₁)	Cou	ntry	У		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30						Fiorida Statutes Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
		_			ļ	81	Name			ļ	
RENESCA, ROBERT						62	Street Ad	dres	ess (P.O. Box Number is Not Acceptable)	1	
899 N.E. 83 STREET							·		<u> </u>	1	
_ MIAMI FL 33138						83				l	
						84	City		85 Zip Code	1	
							<u> </u>				
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											
	······································					Ager	nt signature req	ulred	rd when reinstating) DATE	١.	
12.	60	OFFICERS	AND DIRECTO	HS DELETE	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	18	
TITLE	SD Irlin, saint hilaire			[] DETELE		1.1 TITLE			☐ Change ☐ Addition	15	
NAME						2 NAME				Į	
STREET ADDRESS		101ST ST		.		.3 STREET ADDRESS			•	ļį	
CITY-ST-ZIP		L 00000				1.4 CITY - ST - ZIP			T Observe T Address	ļ	
TITLE	TD	C LADOUCCE I				2.1 TITLE			Change Addition	ľ	
NAME		E, LAROUSSE J			2.2 NA					ł	
STREET ADDRESS		52ND ST					ADDRESS		J	ł	
CITY-ST-ZIP TITLE	MIAMI, FL 00000			DELETE		2. 4 CITY-ST-ZIP 3.1 TITLE			Change Addition	┨	
NAME		A DOREDT					1		Clanife National	l	
STREET ADORESS	RENESCA, ROBERT ss 899 N.E. 83 ST.				3.2 NAME 3.3 STREET ADDRESS				l		
		. 63 31. FL 00000					3.4. CITY-ST-ZIP			l	
CITY-ST-ZIP TITLE	MINAMI, I	L 00000		DELETE	4.1 10		1-ZIP		Change Addition	1	
NAME				L. OLCELE	4, 2 N/		- 1			1	
STREET ADDRESS					1		ADDRESS			ļ	
CITY-ST-ZIP					4.4 CIT					ŀ	
TITLE	·	· · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TIT		-+11		Change Addition	ł	
NAME					5.2 NA		1		Since Controlling Since State		
STREET ADDRESS							ADDRESS			ĺ	
CITY-ST-ZIP							1			ĺ	
TITLE				5.4 CITY-ST-ZIP 5.1 TITLE			☐ Change ☐ Addition	1			
NAME	{				6.2 NA		1			t	
STREET ADDRESS							ADDRESS			1	
CITY - ST - ZIP	3				1	IY-ST-ZIP					
14. I do hereb	y certify tha	t the information supp	olied with this fi	ling does not qualif	v for the	exer	notion state	ed in	in Section 119.07(3)(i), Florida Statutes. I further certify that the	1	
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.											