

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**APPROVED
AND
FILED**

95 JUL 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 742070 (6)
1. Corporation Name
HAITIAN EMMANUEL BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
7321 NE 2ND AVE. 7321 NE 2ND AVE.
MIAMI FL 33138 MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1978	3a. Date of Last Report 03/15/1994
4. FEI Number 59-1635449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 122.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7321 NE 2nd AVE	2a. Mailing Address 26 7321 NE 2nd AVE
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27 N/A
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33138	Zip 29 33138
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent
**WILNER,MAXY
1136 N.W. 101 STREET
MIAMI,FL 33150**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MAXY, WILNER
STREET ADDRESS	1136 N. W. 101ST STREET
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	JOSEPH, JULES Y
STREET ADDRESS	240 NE 115 ST
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	JOSEPH, JACQUES MOSIE
STREET ADDRESS	1418 NW 35TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	ELYSEE, TIMOTHEE
STREET ADDRESS	1560 NE 118 TERRACE
CITY - ST - ZIP	MIAMI FL
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	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MAXY, WILNER
1.3 STREET ADDRESS	1136 N.W. 101 ST STREET
1.4 CITY - ST - ZIP	MIAMI FL
2.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CONCEPTIA NORTELUS
2.3 STREET ADDRESS	9110 N. MIAMI AVE
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH, JACQUES MOISE
3.3 STREET ADDRESS	1418 N.W. 35TH ST
3.4 CITY - ST - ZIP	MIAMI, FL
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERODE, MONDE
4.3 STREET ADDRESS	421 N.W. 118 STREET
4.4 CITY - ST - ZIP	MIAMI FL
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wilner Maxy Date: 6/8/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

CR2E037 (3/95)