

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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. MIAMI FL 33138**



3. Date Incorporated or Qualified **03/14/1978** 3a. Date of Last Report **07/25/1995**  
4. FEI Number **59-1635449** 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 2a. Mailing Address  
21 **7321 NE 2nd Ave** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22  
City & State 27  
23 **Miami** 28  
Zip Country Zip Country  
24 **33138** 25 **U.S.A** 29 30

9. Name and Address of Current Registered Agent  
**WILNER, MAXY  
1138 N.W. 101 STREET  
MIAMI FL 33150**

10. Name and Address of New Registered Agent  
81 Name **Wilner Maxy**  
82 Street Address (P.O. Box Number is Not Acceptable) **7321 NE 2nd Ave**  
83  
84 City **Miami** FL 85 Zip Code **33138**

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 *Wilner Maxy* (NOTE: Registered Agent signature required when reinstating.) DATE **1-18-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAXY, WILNER	
STREET ADDRESS	1138 N.W. 101 ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOISE, JOSEPH J	
STREET ADDRESS	1120 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONDE, HERODE	
STREET ADDRESS	421 NW 118 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NORTELUS, CONCEPTIA	
STREET ADDRESS	9110 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WILNER MAXY PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1138 NW 101 STREET	
1.3 STREET ADDRESS	MIAMI, FL. 33150	
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MOISE JOSEPH J.	
2.3 STREET ADDRESS	1120 NW 102 STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33156	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONDE HERODE	
3.3 STREET ADDRESS	421 NW 118 STREET	
3.4 CITY-ST-ZIP	MIAMI, FL. 33138	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(3)(k), 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: *Wilner Maxy* DATE: **1-17-96** (305) 757-7515

CR2E037 (12/95)