FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

742070

(6)

HAITIAN EMMANUEL BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address					I HODING FORME OF OIR THOSE BARKE HOBBE BERLE BLOCK OF DEPT OF DEPT BERLE GLOCK GROUN LODIN	
7321 NE 2ND AVE. 7321 NE 2ND AVE. MIAMI FL 33138 MIAMI FL 33138-5309						
						3. Date Incorporated or Qualified
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59-1635449 Not Applicable
Suite. Apt. +	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		This corporation has liability for intangible tax under s. 199.032,
24	25	29	30			Florida Statutes Yes No
	9. Name and Address of Curre		1001			10. Name and Address of New Registered Agent
····				81	Name	
MAINEDI	MANN					
WILNER,MAXY 7321 NE 2ND AVE.				62	Street Addre	ss (P.O. Box Number is Not Acceptable)
7321 NE 2ND AVE. MIAMI FL 33138				B3		
MIAMIT	. 33130					
				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.						
I -		gations or, Section 617,0505,	PIONICA SIA	ui c s.		·
SIGNATURE 2	Signature Typed or printed name of registered #	pent and title if adolicable (N	OTF: Registera	d Agen	nt signature required	d when reinstating) DATE
12.		ND DIRECTORS	13.	•		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 1	TLE		☐ Change ☐ Addition
NAME	MAXY, WILNER		1.2 N	AME	1	•
STREET ADDRESS	1138 N.W. 101 ST STREET		1.3 5	REET A	ADDRESS .	
CITY-ST-ZIP	MIAMI FL 33150			TY-ST	j	
TITLE	PD DELETE 21				☐ Change ☐ Addition	
I NAME			2.2 N	AME	1	·
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.3 \$	TAEET /	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156			ITY-SI	7-ZIP	
TITLE	TD	☐ DELETE		3.1 YITLE		Change Addition
NAME]	MONDE, HERODE		3.2 N	AME)	
STREET ADDRESS	421 NW 118 ST		3.3 \$	REET /	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33138		3.4. CITY-		T-ZIP	
TITLE	S	DELETE	4.1 T			Change Addition
NAME			4.21	IAME		
STREET ADDRESS	A COM AL ADELLO ALOR		1		ADDRESS	
CITY-ST-ZIP	44444		•	TY-ST	1	
TITLE			5.1 TI			Change Addition
NAME			5.2 N	AME		
STREET ADDRESS					ADORESS	
STILL ADDITION			0.00		- 517000	

14. I do 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.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME

TURE AND TYPED OR PRINTED NAME OF SIGNING DESIGNED OR DIRECTOR

DELETE

123/97 (305) ate Daytime Phone #

Change

FILED

Jan 31 1997 8:00am

Secretary of State

- 1 PROMININGAN BIOLE NEW ARMS ARMS INCLINED FOR BURGING BURGING BERKEN BURGING BURGING BURGING BURGING BURGIN