

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

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 742070 (6)**

1. Corporation Name  
**HAITIAN EMMANUEL BAPTIST CHURCH, INC.**



Principal Place of Business <b>7321 NE 2ND AVE. MIAMI FL 33138</b>	Mailing Address <b>7321 NE 2ND AVE. MIAMI FL 33138</b>
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3. Date Incorporated or Qualified  
**03/14/1978**

4. FEI Number  
**59-1635449**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**WILNER,MAXY  
7321 NE 2ND AVE.  
MIAMI FL 33138**

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
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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 33150	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOISE, JOSEPH J	
STREET ADDRESS	1120 NW 102 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MONDE, HERODE	
STREET ADDRESS	421 NW 118 ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD HERIBERT JEAN LOUIS</b>
3.3 STREET ADDRESS	<b>1840 NE 142 St #4B</b>
3.4 CITY-ST-ZIP	<b>Miami, FL. 33181</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>S CAROLD CASIMIR</b>
4.3 STREET ADDRESS	<b>129 NW 61 Street</b>
4.4 CITY-ST-ZIP	<b>Miami, FL. 33127</b>
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	<b>300002404718</b>
6.3 STREET ADDRESS	<b>-01/20/98--01061--001</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

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.

SIGNATURE: *Wilner Monde* 1-6-98 305-7537515

CR2E037 (10/97)