FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742070

1. Corporation Name

HAITIAN EMMANUEL BAPTIST CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

7321 NE 2ND AVE. MIAMI FL 33138

21

7321 NE 2ND AVE. MIAMI FL 33138

2a. Mailing Address

26

FILED Jan 21, 1999 8:00am Secretary of State

01-21-1999 90016 036 ****61.25



3. Date incorporated or Qualifed

03/14/1978

23 Zip Country Zip Country St. Certificate of Status Desired Fee Zip Country St. Certificate of Status Desired	Applied For
City & State 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	Not Applicable
Zip	.75 Additional see Required
28	5.00 May Be
### STREET ADDRESS CITY-ST-ZP MIAMI FL 33156 ### PD ### DELETE ### ADDITIONS/CHANGES TO OFFICERS AND DIRECT OFFICERS OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF	dded to Fees
WILNER,MAXY 7321 NE 2ND AVE. MIAMI FL 33138 82	2000 10 1 003
WILNER MAXY 7221 NE 2ND AVE. MIAMI FL 33138 82	
### Actives of the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. ### Signature, typed or printed name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as agent, and the displicable. ### Signature, typed or printed name of registered agent and the if applicable. ### OFFICERS AND DIRECTORS ### TIZE ### DISPLAY ### TIZE ### TIZE ### DISPLAY ### TIZE ### TIZE	
### Actives of the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. ### Signature, typed or printed name of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of director's. I hereby accept the appointment as agent, and the displicable. ### Signature, typed or printed name of registered agent and the if applicable. ### OFFICERS AND DIRECTORS ### TIZE ### DISPLAY ### TIZE ### TIZE ### DISPLAY ### TIZE ### TIZE	
MIAMI FL 33138 83	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Flonda Statutes, the above-named corporation submits this statement for the purpose of changing agent. Jam familiar with, and accept the obligations of, Section 617.0503, Flonda Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. STREET ADDRESS 12. STREET ADDRESS 13. STREET ADDRESS 14. STREET ADDRESS 15. STREET ADDRESS 16. STREET ADDRESS 17. S	
11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and this if applicable. PD. DELETE 1.1 ITILE DATE NAME MAXY, WILNER 1.2 NAME 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.3 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1.3 EXECUTIVEST-ZIP NAME 1.3 STREET ADDRESS	Zip Code
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE 12. OFFICERS AND DIRECTORS TILE NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE NAME 11.3 NAW ILNER 11.3 NAW ILNER 11.3 STREET ADDRESS ITILE PD MAXY, WILNER 11.3 STREET ADDRESS MAMIFL 33150 TILE NAME TILE PD DELETE 1.1 TILE PD DELETE 1.2 NAME 1.3 STREET ADDRESS MAMIFL 33150 TILE PD DELETE 1.4 CITY-ST-ZP TILE TI	
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS SIGNATURE 12. OFFICERS AND DIRECTORS TILE NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE NAME 11.3 NAW ILNER 11.3 NAW ILNER 11.3 STREET ADDRESS ITILE PD MAXY, WILNER 11.3 STREET ADDRESS MAMIFL 33150 TILE NAME TILE PD DELETE 1.1 TILE PD DELETE 1.2 NAME 1.3 STREET ADDRESS MAMIFL 33150 TILE PD DELETE 1.4 CITY-ST-ZP TILE TI	ing its registered
SIGNATURE 12. OFFICERS AND DIRECTORS TILE NAME NAXY, WILNER 12 AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1138 N.W. 101 ST STREET 133 N.W. 101 ST STREET 14 CITY-ST-ZIP NAME NOISE, JOSEPH J 1120 NW 102 ST. 1120 NW 102	
Signature, byted or printed name of registered agent and tire if applicable. (NOTE: Registered Agent Signature required when freinfattering) (NOTE: Registered Agent Signature required when facilities (NOTE: Agent Agent Agent Signature required when facilities (NOTE: Agent Agent Agent Signature required when facilities (NOTE: Agent Agent Agent Agent Signature required when facilities (NOTE: Agent Agent Agent Agent Signature required when facilities (NOTE: Agent Agent Agent Signature required when facilities (NOTE:	
12.	
TITLE	ECTORS IN 12
MAKE MAXY, WILNER 12 NAME 13 STREET ADDRESS 1138 N.W. 101 ST STREET 13 STREET ADDRESS 112 N.W. 101 ST STREET 13 STREET ADDRESS 14 CITY-ST-ZIP MIAMI FL 33150	
STREET ADDRESS 1138 N.W. 101 ST STREET	_
MAMI FL 33150	İ
TITLE NAME MOISE, JOSEPH J STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS CITY-ST-ZIP TITLE TD NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 DELETE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 DELETE STREET ADDRESS CITY-ST-ZIP TITLE SCASIMIR, CAROLD STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE AND DELETE STREET ADDRESS CITY-ST-ZIP TITLE AND DELETE STREET ADDRESS CITY-ST-ZIP TITLE Chan	
MAME MOISE, JOSEPH J 22 NAME	hange Addition
1120 NW 102 ST. 23 STREET ADDRESS 1120 NW 102 ST. 24 CITY-ST-ZIP	
CITY_ST-ZIP	
TITLE	
DELETE DELETE STREET ADDRESS 1840 NE 142 ST., #4B 33 STREET ADDRESS MIAMI FL 33181 DELETE A1 TITLE CASIMIR, CAROLD 4.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 4.4 CITY-ST-ZIP MIAMI FL 33127 A4 CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP DELETE S1 TITLE Chan STREET ADDRESS S1 STREET ADDRESS S2 NAME S3 STREET ADDRESS S3 STREET ADDRESS S4 CITY-ST-ZIP DELETE S1 TITLE Chan	hange T Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 3.4 CITY-ST-ZIP TITLE S CASIMIR, CAROLD 4.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 DELETE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE 6.1 TITLE CASIMIR CAROLD Chan Chan Chan Chan Chan Chan Chan Cha	nange LJ Addition
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 3.3 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33181 3.4 CITY-ST-ZIP TITLE S CASIMIR, CAROLD 4.2 NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 DELETE 1.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE TITLE DELETE 6.1 TITLE CASIMIR CAROLD Chan Chan Chan Chan Chan Chan Chan Cha	
MIAMI FL 33181 34. CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.4 CITY-ST-ZIP TITLE O DELETE 5.4 CITY-ST-ZIP TITLE SAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE O DELETE 6.1 TITLE O DELETE 6.2 NAME 8.3 STREET ADDRESS SAME 6.3 STREET ADDRESS SAME 6.3 STREET ADDRESS SAME SAME SAME SAME SAME SAME SAME S	****
CASIMIR, CAROLD	hange 🔲 Addition
### ### #### #########################	
CITY-ST-ZIP	
DELETE	
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE ☐ Chan NAME 6.1 TITLE AMBE 6.2 NAME AS STREET ADDRESS 6.3 STREET ADDRESS	hange
STREET ADDRESS	
5.4 CITY-ST-ZIP	
DELETE 6.1 TILE	,
NAME ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESS	hange Addition
2008 1 200	
STREET ADDRESS	

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, with all other like empowered.

SIGNATURE: W. S. SIGNATURE KENLINE BOAX

01/04/99 (305) 757-75/5 Date Daytime Phone #

CR2E037 (11/98)