

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:40

DOCUMENT # 763452 (0)

1. Corporation Name
HAI TIAN BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business Mailing Address
 REV. A.P. GREGOIRE REV. A.P. GREGOIRE
 133 NE 54 STREET 133 NE 54 STREET
 MIAMI FL 33137 MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/27/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0035730	Applied For <input type="checkbox"/> 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 type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under a 199 OR2 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	Zip
29	30

9. Name and Address of Current Registered Agent
GREGOIRE, A-PIERRE
133 NE 54 ST
MIAMI FL 33137

10. Name and Address of New Registered Agent
 B1 Name **GERARD METELLUS**
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3 **74 NW 108th Street**
 B4 City **MIAMI SHORES FL** B5 Zip Code **33168**

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 officer or registered agent, by 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 *Gerard Metellus* **GERARD METELLUS** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGOIRE, PIERRE	1.2 NAME	
STREET ADDRESS	133 NE 54 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI, FL 06000 33137	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESIRE, CAMELLET	2.2 NAME	VD OTHELO, WILBERT
STREET ADDRESS	11711 NE 2 AVE	2.3 STREET ADDRESS	5610 N. MIAMI AV # 10
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI FL 33137
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSLER, JOSEPH	3.2 NAME	TD SEVERE, MICHEL
STREET ADDRESS	8315 NE MIAMI CT	3.3 STREET ADDRESS	471 NE 83 Street
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	MIAMI FL 33150
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIFRAN, MAURICE	4.2 NAME	SD MARC, LEONEL
STREET ADDRESS	2315 NW 84 ST	4.3 STREET ADDRESS	433 NW 75 ST
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI FL 33150
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D REV. JEAN, ALABRE
STREET ADDRESS		5.3 STREET ADDRESS	759 NW 137 Street
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MIAMI FL 33167
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D JACKSON, ANTOINE
STREET ADDRESS		6.3 STREET ADDRESS	62 NE 71 Street
CITY - ST - ZIP		6.4 CITY - ST - ZIP	MIAMI FL 33150

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: *Wilbert Othelo* **WILBERT OTHELO** 8-5-95 759 33167
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E037 (3/95)