

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763452 (0)

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



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

3. Date incorporated or Qualified **05/27/1982** 3a. Date of Last Report **08/08/1995**

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

4. FEI Number **65-0035730** 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

9. Name and Address of Current Registered Agent
**METELLUS, GERARD
74 NW 108TH STREET
MIAMI SHORES FL 33168**

10. Name and Address of New Registered Agent
81 Name **BERONE LOUIS GUERRIER**
82 Street Address (P.O. Box Number is Not Acceptable) **88 N.W: 85Th.Street**
83 **Miami, Fl. 33150**
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.

SIGNATURE *Berone L. Guerrier* **BERONE L. GUERRIER** **6 /14/ 96**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) 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 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTHELO, WILBERT	2.2 NAME	Berone L. Guerrier
STREET ADDRESS	5610 N MIAM AVE #10	2.3 STREET ADDRESS	88 NW. 85Th. Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FL. 33150
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEVERE, MICHEL	3.2 NAME	
STREET ADDRESS	471 NE 83 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC, LEONEL	4.2 NAME	
STREET ADDRESS	433 NW 75 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALABRE, JEAN	5.2 NAME	Anick Belizaire
STREET ADDRESS	759 NW 137 STREET	5.3 STREET ADDRESS	88 NW. 85Th. Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami fl. 33150
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ANTOINE	6.2 NAME	700001895777
STREET ADDRESS	62 NE 71 STREET	6.3 STREET ADDRESS	-07/17/96--01011--005
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	***61.75

7/14/96

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: *[Signature]* **SIGNATURE REQUIRED** **7/10/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)