

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

HAITIAN BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business

REV. A.P. GREGOIRE
133 NE 54 STREET
MIAMI FL 33137

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

24 Country

28 Zip

29 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

10. Name and Address of New Registered Agent

METELLUS, GERARD
74 NW 108TH STREET
MIAMI SHORES FL 33168

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 title 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
NAME GREGOIRE, PIERRE
STREET ADDRESS 133 NE 54 ST
CITY-ST-ZIP MIAMI, FL 00000

TITLE VD
NAME OTHELO, WILBERT
STREET ADDRESS 5610 N MIM AVE #10
CITY-ST-ZIP MIAMI FL

TITLE TD
NAME SEVERE, MICHEL
STREET ADDRESS 471 NE 83 STREET
CITY-ST-ZIP MIAMI FL

TITLE SD
NAME MARC, LEONEL
STREET ADDRESS 433 NW 75 STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME ALABRE, JEAN
STREET ADDRESS 759 NW 137 STREET
CITY-ST-ZIP MIAMI FL

TITLE D
NAME JACKSON, ANTOINE
STREET ADDRESS 62 NE 71 STREET
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VD Berone L. Guerrier
88 NW. 85Th. Street
Miami FL. 33150

D Anick Belizaire
88 NW. 85Th. Street
Miami FL. 33150

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***61.75

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007184

CR2E037 (3/96)