


FILE NOW: FILING FEE IS \$61.25

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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
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3. Date Incorporated or Qualified 05/27/1982	
4. FEI Number 65-0035730	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 8340 N.E. 2ND. Avenue Suite, Apt. #, etc. 22 201 City & State 23 Miami, FL. Zip 24 33138	2a. Mailing Address 26 8340 N.E. 2ND. Avenue Suite, Apt. #, etc. 27 201 City & State 28 Miami, FL. Zip 29 33138 Country 30 USA
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent GUERRIER, LOUIS BERONE 88 NW 85TH STREET MIAMI FL 33150

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 SAME AS #9 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 *Louis Berone Guerrier* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	GREGOIRE, PIERRE
STREET ADDRESS	133 NE 54 ST
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
NAME	GUERRIER, BERONE L.
STREET ADDRESS	88 NW 85TH STREET
CITY-ST-ZIP	MIAMI FL 33150
TITLE	TD <input type="checkbox"/> DELETE
NAME	SEVERE, MICHEL
STREET ADDRESS	471 NE 83 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	MARC, LEONEL
STREET ADDRESS	433 NW 75 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BELIZAIRE, NICK
STREET ADDRESS	88 NW 85TH STREET
CITY-ST-ZIP	MIAMI FL 33150
TITLE	D <input type="checkbox"/> DELETE
NAME	JACKSON, ANTOINE
STREET ADDRESS	62 NE 71 STREET
CITY-ST-ZIP	MIAMI FL

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Pierre Gregoire* PIERRE GREGOIRE PD. 03/20/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)