

## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 763452 1. Corporation Name

HAITIAN BAPTIST CHURCH OF MIAMI, INC.

Mailing Address

8340 N.E. 2ND AVENUE STE. 201

MIAMI FL 33138

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90090 037 \*\*\*\*61.25



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⊢-1 '	Place of Business	2a. Mailing Address	*******	3. Date Incorporated or Qualifed 05/27/1982		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For	
22	, 5	27		<b>65-0035730</b>	Not Applicable	
City & Star	te	City & State		5. Certificate of Status Desired	\$8.75 Additional	
23		28		5. Certificate of Status Desired	Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 30	<u> </u>	Trust Fund Contribution	Added to Fees	
Name and Address of Current Registered Agent			24) 11 - 4	10. Name and Address of New Registere	d Agent	
			81 Name	OVERRIER BERD	NE-L-	
	r, Louis Berone			ress (P.O. Box Number is Not Acceptable)	<del>/-</del>	
	ith street		88	N. W. 85 Street	<u> </u>	
MIAMI FL 33150 85						
)			84 City 6		85 Zip Code	
				<i>17171</i> F		
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 a	am familiar with, and accept the obliga	tions of, Section 617.0503, Florid	a Statutes.	<b>4</b> ) i i	1101 100	
SIGNATURE	- Danne Dysria		GUERRI	ER TOPRONELL.	7126/19	
40	Signature, typed or printed name of registered age		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
12.	PD OFFICERS AN	D DELETE	1.1 TITLE	ADDITIONO/OTIANGLO TO OTT TOLINO	Change Addition	
	GREGOIRE, PIERRE	<u></u>	1.2 NAME	•		
NAME	133 NE 54 ST		1.3 STREET ADDRESS			
STREET ADDRESS	MIAMI, FL 00000		1.4 CITY-ST-ZIP			
CITY-ST-ZIP	VD ··	☐ DÉLETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	GUERRIER, BERONE L.		22 NAME		ļ	
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150		2. 4 City-ST-ZIP			
TITLE	TD	DELETE	3.1 TITLE		Change Addition	
NAME	SEVERE, MICHEL	İ	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME	MARC, LEONEL		4. 2 NAME			
STREET ADDRESS	AND ANAL WE OTHER	ı	4.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		· .	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME	BELIZAIRE, NICK		5.2 NAME			
STREET ADDRESS	88 NW 85TH STREET		5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33150		5.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	JACKSON, ANTOINE		6.2 NAME			
STREET ADDRESS	62 NE 71 STREET		6.3 STREET ADDRESS			
1	MANA EI		64 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, with all other like empowered.

SIGNATURE: