


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

DOCUMENT # N02000006804 1. Entity Name BETHLEHEM HAITIAN BAPTIST CHURCH, INC.	
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Principal Place of Business 1925 N 60TH AVE. HOLLYWOOD, FL 33021	Mailing Address P. O. BOX 815061 HOLLYWOOD, FL 33081
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03202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 81-0570192	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  NEMORIN, LUCIEN 249 SW 11TH ST APT 1 DANIA, FL 33004
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *L. Nemorin* (NOTE: Registered Agent signature required when re-installing) DATE: 03/20/06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UN00000477665  
04/06/06-80060-003 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDA NEMORIN, LUCIEN 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEMORIN, MAGALITA 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YYP NEMORIN, DAVID 249 SW 11TH ST APT 1 DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YYAP FAROU, JESULA 3220 SW 66 WAY MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HERAND, MOINE 1320 N 73 WAY HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	APP PIERRE, YOLLELINE 6141 SW 30 ST APT 7 MIRAMAR, FL 33023

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *L. Nemorin* DATE: 03/20/06 DAYTIME PHONE #: 754-244-2157