2008
~~2007~~ **NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

We did not receive a paper this year, therefore we send a copy of last year report.

FILED
08 APR -1 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000487

1. Entity Name
HAITIAN BAPTIST CHURCH OF GALILEE, INC.

Principal Place of Business	Mailing Address
12207 NW 7 AVE.NUE N. MIAMI, FL 33168	470 NW 125 ST. MIAMI, FL

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Haitian Baptist Church of Galilee	470 NW 125 ST
Suite, Apt. #, etc.: N. MIA FL	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: North Miami, FL
Zip: 33168 / Country: USA	Zip: 33168 / Country: USA

03092007 Chg-NP CR2E037 (12/06)

4. FEI Number: 56-2530169 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCELIN, HYPPOLITE REV. 470 NW 125 STREET MIAMI, FL 33168	Name Street Address (P.O. Box Number is Not Acceptable) City: FL — Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: MARCELIN, HYPPOLITE STREET ADDRESS: 470 NW 125 ST CITY-ST-ZIP: NORTH MIAMI, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100122773971 04/10/08--01005--015 **70.00
TITLE: VD NAME: ST-ANNE MARCELIN, MARIE STREET ADDRESS: 470 NW 125 ST CITY-ST-ZIP: NORTH MIAMI, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Joseph P. Toussaint 318 NW 98 ST MIA FL 33150 ☑ Change ☐ Addition
TITLE: SD NAME: LAMOUR, LUCIEN STREET ADDRESS: 455 NE 162 ST CITY-ST-ZIP: N. MIAMI, FL 33162	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: TD NAME: MARCELIN, HARLAND STREET ADDRESS: 470 NW 125 ST CITY-ST-ZIP: NORTH MIAMI, FL 33168	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition JM 1/2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Hyppolite Marcelin — 8/20/08 — 3/15/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #