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

03092007 Chg-NP CR2E037 (12/06)

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCELIN, HYPPOLITE 470 NW 125 ST NORTH MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100122773971 04/10/08--01005--015 **70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ST-ANNE MARCELIN, MARIE 470 NW 125 ST 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAMOUR, LUCIEN 455 NE 162 ST N. MIAMI, FL 33162	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCELIN, HARLAND 470 NW 125 ST NORTH MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition $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 3/15/07 8/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #