

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:14

DOCUMENT # **N29988** (5)

1. Corporation Name
HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.

Principal Place of Business Mailing Address
3715 EASTVIEW AVENUE WEST PALM BEACH FL 33407 US **3715 EASTVIEW AVE W. PALM BEACH FL 33407 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **01/31/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **3715 EASTVIEW AVE** 26 **3715 EASTVIEW**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **W. Palm Bch,** 27 **W. Palm Beach**
City & State City & State
23 **FL 33407** 28
Zip Country Zip Country
24 **Palm Bch** 25 **FL 33407** 30 **Palm Bch**

9. Name and Address of Current Registered Agent
JEAN-BAPTISTE, MATHIEU
3715 EASTVIEW AVE
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
81 Name **Mathieu JEAN-Baptiste**
82 Street Address (P.O. Box Number is Not Acceptable) **3715 EASTVIEW AVE.**
83 **W. Palm Beach, FL**
84 City **FL** 85 Zip Code **33407**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-BAPTISTE, MATHIEU	1.2 NAME	
STREET ADDRESS	3715 EASTVIEW AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCOIS, FRANCK	2.2 NAME	
STREET ADDRESS	1351 SW 27TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRIER, FRITZ	3.2 NAME	
STREET ADDRESS	3215 HIBISCUS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. PIERCE FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST. HILAIRE, MORALES	4.2 NAME	
STREET ADDRESS	200 SW AVENUE "B"	4.3 STREET ADDRESS	
CITY - ST - ZIP	BELLE GLADE FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Mathieu Jean Baptiste 1-12-1995
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional) (Print)