

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N29988 (5)**

1. Corporation Name
HAITIAN EVANGELICAL CRUSADE ASSOCIATION, INC.



Principal Place of Business: 3715 EASTVIEW AVE, WEST PALM BEACH FL 33407 US
Mailing Address: 3715 EASTVIEW, WEST PALM BEACH FL 33407 US

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business: 21 3715 EASTVIEW AVE., Suite, Apt. #, etc.: 22
23 City & State: West Palm Beach, FL. Zip: 33407 Country: Palm Bch
2a. Mailing Address: 26 P.O. BOX 0786 21 Suite, Apt. #, etc.: 27
28 City & State: West Palm BEACH Zip: FL 33407 Country: Palm Bch

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

9. Name and Address of Current Registered Agent
JEAN-BAPTISTE, MATHIEU
3715 EASTVIEW AVE
W. 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 P.O. BOX 0786 21
83 West Palm Beach
84 City: West Palm Beach FL 85 Zip Code: 33407

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD President	<input type="checkbox"/> DELETE
NAME	JEAN-BAPTISTE, MATHIEU	
STREET ADDRESS	3715 EASTVIEW AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD Vice President	<input type="checkbox"/> DELETE
NAME	FRANCOIS, FRANCK	
STREET ADDRESS	1351 SW 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TD Counselor	<input type="checkbox"/> DELETE
NAME	GUERRIER, FRITZ	
STREET ADDRESS	3215 HIBISCUS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D Counselor	<input type="checkbox"/> DELETE
NAME	ST. HILAIRE, MORALES	
STREET ADDRESS	200 SW AVENUE "B"	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	TRESORER PIERRE LAGNEAU Georges	<input type="checkbox"/> DELETE
NAME	280 BERETTA CT.	
STREET ADDRESS	WEST PALM BEACH, FL 33409	
CITY-ST-ZIP	TRESORER	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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 119.07(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* MATHIEU JEANBAPTISTE 1-23-96 845-2278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)