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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 078621 WEST PALM BEACH FL 33407 US
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3. Date Incorporated or Qualified 12/30/1988	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3715 Eastview Av Suite, Apt. #, etc.	2a. Mailing Address 26
22 West Palm Bch City & State	27
23 33407 Zip	28
24 Country	25 Palm Bch Country
29	30

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 AV.
83 **WEST P. BCH** **33407**
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JEAN-BAPTISTE, MATHIEU	
STREET ADDRESS	3715 EASTVIEW AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	FRANCOIS, FRANCK	
STREET ADDRESS	1351 SW 27TH PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	TDC	<input type="checkbox"/> DELETE
NAME	GUERRIER, FRITZ	
STREET ADDRESS	3215 HIBISCUS AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ST. HILAIRE, MORALES	
STREET ADDRESS	200 SW AVENUE "B"	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PIERRLAGNEAU, GEORGES	
STREET ADDRESS	280 BERETTA CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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	400002674944-6
1.4 CITY-ST-ZIP	-10/28/98--01086--022
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	*****61.25 *****61.25
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	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REQUIRED**

CR2E037 (10/97)