

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 # **N37497** (7)  
1. Corporation Name  
**HAITIAN FIRST ASSEMBLY OF GOD OF IMMOKALEE, FLORIDA, INC.**



Principal Place of Business  
**320 S FIRST ST  
IMMOKALEE FL 33934**

Mailing Address  
**320 S FIRST ST  
IMMOKALEE FL 33934**

3. Date Incorporated or Qualified **04/02/1990** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0341264</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**LEBRUN, ANNUEL  
320 S FIRST ST  
IMMOKALEE FL 33934**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>LEBRUN, ANNUEL</b>	
STREET ADDRESS	<b>402 FAHRNEY ST</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERRE, RENOLD</b>	
STREET ADDRESS	<b>321 S 6TH COURT</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VILMEUS, PHILIA</b>	
STREET ADDRESS	<b>420 W DELAWARE</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ST FLEUR, NICOLAS</b>	
STREET ADDRESS	<b>404 FAHRNEY ST</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VILMEUS, ELINA</b>	
STREET ADDRESS	<b>420 W DELAWARE</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHARLES, ANES</b>	
STREET ADDRESS	<b>114 FARM WORKER VILLAGE</b>	
CITY - ST - ZIP	<b>IMMOKALEE FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>AMALIA Lubref (D)</b>
3.3 STREET ADDRESS	<b>216 Colorado Ave</b>
3.4 CITY - ST - ZIP	<b>Immokalee FL 33934</b>
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 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Annuel Lebrun*

*5/20/96*

*(941) 657-3628*

CR2E037 (12/95)