


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Sep 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N43089** (4)

1. Corporation Name

**FIRST HAITIAN BAPTIST CHURCH OF INWOOD, INC.**



Principal Place of Business <b>3737 AVENUE S. SW WINTER HAVEN FL 33881 US</b>	Mailing Address <b>3737 AVENUE S SW WINTER HAVEN FL 33881 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3737</b>		2a. Mailing Address <b>26 P.O. Box</b>		3. Date Incorporated or Qualified <b>04/18/1991</b>		3a. Date of Last Report <b>06/17/1996</b>	
22 Suite, Apt. #, etc. <b>Ave E NW</b>		27 Suite, Apt. #, etc. <b>7550</b>		4. FEI Number <b>59-3065969</b>		Applied For <input type="checkbox"/> Not Applicable	
23 City & State <b>Winter Haven, FL</b>		28 City & State <b>Winter Haven, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>33881</b>		25 Country <b>Polk</b>		29 Zip <b>33883</b>		30 Country <b>Polk</b>	
g. Name and Address of Current Registered Agent <b>CHERY, MARC REV. 3737 AVENUE S. SW WINTER HAVEN FL 33881</b>				10. Name and Address of New Registered Agent			

81 Name <b>Rev. Anel MASSEUS</b>
82 Street Address (P.O. Box Number Is Not Acceptable) <b>1945 AVE E SW Apt # 1</b>
83
84 City <b>Winter Haven</b>
85 Zip Code <b>FL 33880</b>

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 Rev. Anel Masseus P/M/C 9/13/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PMC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CHERY, MARC REV.</b>		1.2 NAME <b>Anel MASSEUS</b>	
STREET ADDRESS <b>3737 AVENUE S. SW</b>		1.3 STREET ADDRESS <b>1945 AVE E SW, Apt # 1</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL 33881</b>		1.4 CITY-ST-ZIP <b>Winter Haven, FL 33880</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Joseph Michel</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JEAN-PAUL, JEAN</b>		2.2 NAME <b>2236 GABARONE BLVD</b>	
STREET ADDRESS <b>3020 ERNEST DR, APT C</b>		2.3 STREET ADDRESS <b>Auburndale, FL 33823</b>	
CITY-ST-ZIP <b>AUBURNDAL FL 33823</b>		2.4 CITY-ST-ZIP <b>33823</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DUBREUIL, MARIE-FLORE</b>		3.2 NAME <b>MADSEN Louis</b>	
STREET ADDRESS <b>3020 ERNEST DR, APT D</b>		3.3 STREET ADDRESS <b>2490 SUNSET DR NE</b>	
CITY-ST-ZIP <b>AUBURNDAL FL 33823</b>		3.4 CITY-ST-ZIP <b>Winter Haven, FL 33881</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GLESIL, RAYMOND J</b>		4.2 NAME <b>Betsy D. Cénéus</b>	
STREET ADDRESS <b>731 30TH STR NW</b>		4.3 STREET ADDRESS <b>1108 S Bartow Rd # F071</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL 33881</b>		4.4 CITY-ST-ZIP <b>Lakeland, FL 33801</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>VALAIS, FREDERICK</b>		5.2 NAME <b>MARIE-Flore Dubreuil</b>	
STREET ADDRESS <b>2206 W CENTRAL AVENUE</b>		5.3 STREET ADDRESS <b>140 Adams Rd</b>	
CITY-ST-ZIP <b>WINTER HAVEN FL 33880</b>		5.4 CITY-ST-ZIP <b>Auburndale, FL 33823</b>	
TITLE	<input type="checkbox"/> DELETE	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 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 Rev. Anel Masseus 9/13/97  
SIGNATURE REQUIRED

CR2E037 (4/97)