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

APPROVED AND FILED

95 APR 21 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45906 (7)

1. Corporation Name

NEW LIFE HAITIAN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
~~12800 NW 6TH AVE~~ N.E.	625 NE 150 ST
~~W. MIAMI FL 33161~~ W. MIAMI FL 33161	
US	US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/06/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0320766	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~BLEMUR, RAYNOLD~~ 625 N.E. 150 St	81 Name
~~3540 N.W. 84TH TERRACE~~ Miami FL 33161	82 Street Address (P.O. Box Number is Not Acceptable)
~~MIAMI FL 33160~~	83
	84 City FL 85 Zip Code

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 _____
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	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	BLEMUR, RAYNOLD	1.2 NAME		
STREET ADDRESS	624 NW 150ST W.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	DV	2.1 TITLE		☐ Change ☐ Addition
NAME	SAINT LOUIS, AUGENE B.	2.2 NAME		
STREET ADDRESS	15231 N.E. 10TH AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	DST	3.1 TITLE	DST MONDELUS ROSIER	☑ Change ☐ Addition
NAME	MONDELUS, ROSIER	3.2 NAME		
STREET ADDRESS	129 N.W. 118 ST.	3.3 STREET ADDRESS	129 N.W. 118st	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FL.	
TITLE		4.1 TITLE	DST	☐ Change ☑ Addition
NAME		4.2 NAME	Pierre Joseph I.	
STREET ADDRESS		4.3 STREET ADDRESS	1055 N.W. 129st	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	North Miami FL. 33168	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: Joseph I. Pierre (305) 756-7118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

604944