

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 # **N47573** (3)

1. Corporation Name
HAITIAN BAPTIST CHURCHES ASSOCIATION OF MIAMI IN C.



Principal Place of Business: 3516 NW 7TH AVE MIAMI FL 33142
33127

Mailing Address: 3516 NW 7TH AVE MIAMI FL 33142
33127

3. Date Incorporated or Qualified: **02/24/1992**

3a. Date of Last Report: **07/24/1995**

4. FEI Number: **65-0324651**

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

2. Principal Place of Business: 21

2a. Mailing Address: 26

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

~~LOUIS~~ **REV JULES JEAN** *LOUIS*
17830 NW 28TH CT
MIAMI FL 33056

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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	<input checked="" type="checkbox"/> DELETE
NAME	WILNER, MAXY	
STREET ADDRESS	1138 NW 101 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ALFREIDE, JEAN	
STREET ADDRESS	545 NW 22 ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	BAPTISTE, MICHEL J	
STREET ADDRESS	1010 NW 134 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	STENIO, JEANTILUS	
STREET ADDRESS	11730 W. BISCAYNE CANAL RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jules Jean Louis	
1.3 STREET ADDRESS	17830 NW 28th Ct	
1.4 CITY-ST-ZIP	MIAMI FL 33056	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Reynold Blemur	
2.3 STREET ADDRESS	12800 NE 6ave	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Louis F Toussaint	
3.3 STREET ADDRESS	535 NW 97 ST	
3.4 CITY-ST-ZIP	MIAMI FL 33150	
4.1 TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duranton Girard	
4.3 STREET ADDRESS	820 NE 139 ST	
4.4 CITY-ST-ZIP	MIAMI FL 33161	
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 if changed, or on an attachment with an address.

SIGNATURE: *LOUIS F TOUSSAINT* *Louis Toussaint* Date: **4/29/96** Daytime Phone #: **305 957-6189**

CR2E037 (12/95)