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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50553 (9)
1. Corporation Name
EGLISE BAPTISTE HOREB-SILOE, INC.



Principal Place of Business 495 N.W. 191ST ST. MIAMI FL 33169 US	Mailing Address 3281 N.W. 173 TERRACE MIAMI FL 33056 US
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3. Date Incorporated or Qualified 08/24/1992		
4. FEI Number 65-0357309	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country

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	

9. Name and Address of Current Registered Agent
**PIERRE-LOUIS, AIBY
1385 N.E. 129TH STREET
NORTH MIAMI FL 33161**

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 617.1506, 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: *AIBY PIERRE-LOUIS* DATE: 4/17/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETIT-FRERE, JEAN LEFILS	1.2 NAME	
STREET ADDRESS	3281 NW 173 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISRAEL, ABNICE	2.2 NAME	
STREET ADDRESS	13181 NE 14TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILE, BERTIN	3.2 NAME	
STREET ADDRESS	921 N.W. 102ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICLASS, PRECIUS	4.2 NAME	
STREET ADDRESS	2970 N.W. 174TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE-LOUIS, ALBY	5.2 NAME	
STREET ADDRESS	1385 NE 129 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33161	5.4 CITY-ST-ZIP	
TITLE		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 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: *Jean Petit-Frere* DATE: 4/17/98 (305) 895-4257

Signature and typed or printed name of signing officer or director

CF2E037 (10/97)