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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50553

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 SAME AS ABOVE		26 SAME AS ABOVE		08/24/1992	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0357309	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIERRE-LOUIS, AIBY 1385 N.E. 129TH STREET NORTH MIAMI FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TREASURY
NAME	PETIT-FRERE, JEAN LEFILS	1.2 NAME	MAX L PETIT-FRERE
STREET ADDRESS	3281 NW 173 TERRACE	1.3 STREET ADDRESS	3281 NW 173rd TERR
CITY-ST-ZIP	MIAMI FL 33056	1.4 CITY-ST-ZIP	OTA LOCKA, FL 33056
TITLE	T	2.1 TITLE	PANING PIERRE
NAME	ISRAEL, ABNICE	2.2 NAME	SECRETARY
STREET ADDRESS	13181 NE 14TH AVE.	2.3 STREET ADDRESS	1385 NE 129 ST
CITY-ST-ZIP	MIAMI FL 33161	2.4 CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	D	3.1 TITLE	SILE, BERTIN
NAME	SILE, BERTIN	3.2 NAME	440 NE 109 ST
STREET ADDRESS	921 N.W. 102ND ST. L40 NE 109ST	3.3 STREET ADDRESS	MIAMI, FL 33161
CITY-ST-ZIP	MIAMI FL 33150 33161	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
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	
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, with all other like empowered.

SIGNATURE: *Jean Petit-Frere* SIGNATURE REQUIRED 3-21-99 (305) 625-4257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)