

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90018 021 ****61.25

0033828

DOCUMENT # N92000000584

1. Corporation Name

FIRST HAITIAN BAPTIST CHURCH OF N.M.B., INC.

Principal Place of Business

15393 N MIAMI AVE
NORTH MIAMI BEACH FL 33169
US

Mailing Address

15395 N. MIAMI AVE.
NORTH MIAMI BEACH FL 33169



2. Principal Place of Business

21 15395 N. MIAMI AVE.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

11/30/1992

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

65-0375062

Applied For

Not Applicable

23 City & State

N. MIAMI, FL

28 City & State

29 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

33169

25 Country

MIAMI-DADE

29 Zip

30 Country

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LAROSE, NERVA
960 NE 55 ST
N. MIAMI BEACH FL 33162

960 NE 155 ST

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Nerva LaRose

6/2/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD

NAME JULIEN, RONEL REV.

STREET ADDRESS 960 NE 160 ST

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE VD

NAME JULIEN, FRANCE

STREET ADDRESS 960 NE 160 ST

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE D

NAME JOSEPH, COEURCIVIL

STREET ADDRESS 1352 N.E. 149TH STREET

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE TD

NAME TOUSSAINT, ROSELENE

STREET ADDRESS 1580 N.E. 161ST STREET

CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)