FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
Special Mailing
Secretary of State
Corporation Registration

APPROVED
AND
FILED

95 MAY -1 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001512 (3)

1. Corporate Name

HOREB HAITIAN MINISTRY, INC.

Principal Place of Business
18001 N.W. 42 CT.
CAROL CITY FL 33055

Mailing Address
P O BOX 600821
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/02/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0412988 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt. # — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Electronic Filing Fee 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

PIERRE, MARIE J REV.
18001 N.W. 42 CT.
CAROL CITY FL 33055

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 Section 607.0505, 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. The change(s) are 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

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS, CHANGES OR DELETIONS	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	PIERRE, MARIE J	NAME	
STREET ADDRESS	18001 N.W. 42ND CT.	STREET ADDRESS	
CITY, ST, ZIP	CAROL CITY FL	CITY, ST, ZIP	
TITLE	V	TITLE	[ ] Change [ ] Addition
NAME	NOISETTE, GUY	NAME	
STREET ADDRESS	15443 S.W. 102ND AVE.	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33157	CITY, ST, ZIP	
TITLE	SD	TITLE	[ ] Change [ ] Addition
NAME	DANTICA, ALOURDES G	NAME	
STREET ADDRESS	315 N.E. 165TH ST.	STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL 33161	CITY, ST, ZIP	
TITLE	TD	TITLE	[ ] Change [ ] Addition
NAME	PIERRE, THEOPHILE	NAME	
STREET ADDRESS	18001 N.W. 42ND CT.	STREET ADDRESS	
CITY, ST, ZIP	CAROL CITY FL	CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. Electronically sealed, that the information contained herein, to the best of my knowledge, is true and correct. I further certify that the information to be placed on the annual report or supplemental annual report is true and correct as of that date. I further certify that I am an officer or director of the corporation or the person authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Department's records as the person with an address.

SIGNATURE: Rev. Marie Josie Pierre 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0043462