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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000003941**

1. Corporation Name :
HAITIAN BETHESDA BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
6120 GOLDEN GATE PARKWAY NAPLES FL 33999 US	P.O. BOX 8101 NAPLES FL 33941

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/08/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0518849 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FORTUNE, ASSONDIEU
4623 BAYSHORE DR APT J4
NAPLES FL 34112

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	D. Pastor	☐ Change ☐ Addition
NAME	DORNEVIL, MARC M		1.2 NAME	Dornevil Marc M.	
STREET ADDRESS	4723 ESCOBAR AVE., APT. B		1.3 STREET ADDRESS	1319 Granada Blvd	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples FL. 34103	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	DORNEVIL, ETILIA		2.2 NAME	Etilia Dornevil	
STREET ADDRESS	4723 ESCOBAR AVE., APT. B		2.3 STREET ADDRESS	1319 Granada Blvd	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP	Naples FL. 34103	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	FORTUNE, ASSONDIEU		3.2 NAME	Fortune Assondieu	
STREET ADDRESS	4629 BAYSHORE DR APT J4		3.3 STREET ADDRESS	4073 Coconut Circle	
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP	Naples Fl. 34102	
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DORNEVIL, MARC M		4. 2 NAME		
STREET ADDRESS	1319 GRANADA BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DORNEVIL, ETILIA		5.2 NAME		
STREET ADDRESS	6319 GRANADA BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34103		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FORTUNE, ASSONDIEU		6.2 NAME		
STREET ADDRESS	4629 BAYSHORE DR, APT J-4		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Rev. [illegible] SIGNATURE REQUIRED Pastor Dornevil 03-15-99 (941) 261-8275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #