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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE, <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000004979 (0)**  
1. Corporation Name  
**HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC.**



Principal Place of Business <b>1205 ORANGE AVE. FT. PIERCE FL 34854</b>	Mailing Address <b>P.O. BOX 124 FT. PIERCE FL 34954-0124</b>
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3. Date Incorporated or Qualified <b>10/10/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>1205 ORANGE AVE</b>	2a. Mailing Address 26 <b>P O BOX 124</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>FORT PIERCE</b>	City & State 28 <b>FORT PIERCE FLA</b>
Zip 24 <b>34954</b>	Country 25 <b>St Lucie</b>
Country 29 <b>St Lucie</b>	Zip 30 <b>34954</b>

4. FEI Number <b>65-0578408</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**TATTEGRAIN, RAYMOND  
3200 S. 7TH STREET (LOT 26)  
FT. PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>TATTEGRAIN, RAYMOND</b>
STREET ADDRESS	<b>3200 S. 7TH STREET, LOT 126</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34982</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GERMAIN, CEDIEU</b>
STREET ADDRESS	<b>404 DELAWARE AVE.</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RICHARD, REGNER</b>
STREET ADDRESS	<b>421 N. 24TH STREET</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34953</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (9/96)