

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1205 ORANGE AVE. FT. PIERCE FL 34954	Mailing Address P.O. BOX 124 FT. PIERCE FL 34954
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3. Date Incorporated or Qualified
10/10/1994

4. FEI Number 65-0578408	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

21. Principal Place of Business 1205 ORANGE AVE	22a. Mailing Address P.O. BOX 124
22. Suite, Apt. #, etc. FT. PIERCE	26. Suite, Apt. #, etc. FT. PIERCE
23. City & State FLORIDA	27. City & State FLORIDA
24. Zip 34954	28. Zip 34954
25. Country USA	30. Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATTEGRAIN, RAYMOND	1.2 NAME	
STREET ADDRESS	3200 S. 7TH STREET, LOT 126	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34982	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAIN, CEDIEU	2.2 NAME	
STREET ADDRESS	404 DELAWARE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34950	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, REGNER	3.2 NAME	
STREET ADDRESS	421 N. 24TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34953	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: _____ *Raymond Tattegrain*

CR2E037 (10/97)