


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90092 038 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N94000004979**

1. Corporation Name  
**HAITIAN BAPTIST EMMAUS OF FT. PIERCE, INC.**

386513 - 90092 - 38

|  |  |
|--|--|
| Principal Place of Business<br>1205 ORANGE AVE<br>FT PIERCE FL 34954<br>US | Mailing Address<br>P.O. BOX 124<br>FT. PIERCE FL 34956<br>US |
|--|--|



|   |  |   |  |  |   |
|---|--|---|--|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29 | 3. Date Incorporated or Qualified<br>10/10/1994 | 4. FEI Number<br>65-0578408<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

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) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>ANTOINE BOICLOT</b>             |                                 |
| STREET ADDRESS | <b>1012 ORANGE AVE FORT PIERCE</b> |                                 |
| CITY-ST-ZIP    | <b>FLA 34954</b>                   |                                 |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>VENELIE N DESIR</b>             |                                 |
| STREET ADDRESS | <b>2407 N 24th Fort Pierce</b>     |                                 |
| CITY-ST-ZIP    | <b>FLA 34954</b>                   |                                 |
| 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 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 REQUIRED *Raymond Tattegrain (561) 460-9619*

CR2E037 (1/1/98)