FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # **N94000006245 (4)**

1. Corporate Name

HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.

Principal Place of Business	Mailing Address
1000 OLA DRIVE, APT. 1 ORLANDO FL 32805	1000 OLA DRIVE, APT. 1 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/21/1994**
3a. Date of Last Report: None previous
4. FEI Number: **59-3294816** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21: 2a. Mailing Address 26:
Suite, Apt. #, etc. 22: Suite, Apt. #, etc. 27:
City & State 23: City & State 28:
Zip 24: County 25: Zip 29: County 30:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAINTIL, RAYMOND
1000 OLA DRIVE, APT. 1
ORLANDO FL 32805

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [illegible] DATE: Registered Agent (signature required when changed) Date

12. OFFICERS AND DIRECTORS		13.		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SAINTIL, RAYMOND	12 NAME		
STREET ADDRESS	1000 OLA DRIVE, APT. 1	13 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32805	14 CITY ST ZIP		
TITLE	V	21 TITLE		☒ Change ☐ Addition
NAME	~~ROMEUS, AUDINS~~	22 NAME	Samuel Angelot	
STREET ADDRESS	~~7254 JONQUIL DRIVE~~	23 STREET ADDRESS	5940 Silver Star Rd.	
CITY ST ZIP	~~ORLANDO FL 32818~~	24 CITY ST ZIP	Apt. #64 Orlando, FL. 32808	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, ANTOINE	32 NAME		
STREET ADDRESS	4300 DAVID AVE.	33 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32839	34 CITY ST ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SAINTIL, BERNADETTE	42 NAME		
STREET ADDRESS	1000 OLA DRIVE, APT. 1	43 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32805	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	ST. AMOUR, VILLARD	52 NAME		
STREET ADDRESS	235 HOVATER CT.	53 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32801	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, MERGELIE	62 NAME		
STREET ADDRESS	4300 DAVID AVE.	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL 32839	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: x Rev. Raymond Saintil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-95 (29)3146
Date Daytime Phone #

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