

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000006245 (4)

1. Corporation Name

HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.



Principal Place of Business

1000 OLA DRIVE, APT. 1
ORLANDO FL 32805

Mailing Address

1000 OLA DRIVE, APT. 1
ORLANDO FL 32805

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3294816

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME SAINTIL, RAYMOND
STREET ADDRESS 1000 OLA DRIVE, APT. 1
CITY-ST-ZIP ORLANDO FL 32805

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ANGELOT, SAMUEL
STREET ADDRESS 5940 SILVER STAR RD. APT. #84
CITY-ST-ZIP ORLANDO FL

2.2 NAME LOUIS, NA CILIE
2.3 STREET ADDRESS 407 West Jackson Street
2.4 CITY-ST-ZIP ORLANDO, FL. 32801

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JOSEPH, ANTOINE
STREET ADDRESS 4300 DAVID AVE.
CITY-ST-ZIP ORLANDO FL 32839

3.2 NAME LOUIS YVONNE
3.3 STREET ADDRESS 407 West Jackson Street
3.4 CITY-ST-ZIP ORLANDO, FL. 32801

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME SAINTIL, BERNADETTE
STREET ADDRESS 1000 OLA DRIVE, APT. 1
CITY-ST-ZIP ORLANDO FL 32805

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ST. AMOUR, VILLARD
STREET ADDRESS 235 HOVATER CT.
CITY-ST-ZIP ORLANDO FL 32801

5.2 NAME DIEUDONNE LOUISE
5.3 STREET ADDRESS 7254 JONQUIL DRIVE
5.4 CITY-ST-ZIP ORLANDO, FL. 32818

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME JOSEPH, MERCE
STREET ADDRESS 4300 DAVID AVE.
CITY-ST-ZIP ORLANDO FL 32839

6.2 NAME JOSEPH, MARIE
6.3 STREET ADDRESS 1737 AMERICANA BLVD. APT. 24F
6.4 CITY-ST-ZIP ORLANDO, FL. 32839

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)(k), 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: *Rev. Raymond Saintil*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96 407-2913146
Date Daytime Phone #

CR2E037 (12/95)