

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        |                                                                                                                                                                                             |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                                   |
| DOCUMENT # <b>N9400000 6245</b><br>1. Corporation Name<br><b>HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                                                                                                                             |                                                                   |
| Principal Place of Business<br><b>3524 Wells Street<br/>Orlando, FL 32805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | Mailing Address<br><b>3524 Wells Street<br/>Orlando, FL 32805</b>                                                                                                                           |                                                                   |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country                                                                                                          |                                                                   |
| 3. Date Incorporated or Qualified<br><b>12/21/1994</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | 3a. Date of Last Report<br><b>12/21/1994</b>                                                                                                                                                |                                                                   |
| 4. FEI Number<br><b>59-3294816</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | Applied For<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                          |                                                                   |
| 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 checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                                                                                                                                                             |                                                                   |
| 9. Name and Address of Current Registered Agent<br><b>Saintil, Raymond<br/>3524 Wells Street<br/>Orlando, FL 32805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>Saintil Raymond<br>3524 Wells Street<br>Orlando, FL 32805         | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VP<br>Saintil Bernadette<br>3524 Wells Street<br>Orlando, FL 32805     | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S<br>Yvonne Louis<br>407 West Jackson Street<br>Orlando FL 32801       | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>Louis Nacilien<br>407 West Jackson Street<br>Orlando, FL 32805    | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>Dieudonne Louise Romeus<br>7254 Jonquil Dr.<br>Orlando, FL 32818  | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>Marie Joseph<br>1737 Americana Blvd. Apt 24F<br>Orlando, FL 32839 | <input type="checkbox"/> DELETE                                                                                                                                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. |                                                                        | 300002193699<br>-05/28/97--01085--024<br>***61.25                                                                                                                                           |                                                                   |
| SIGNATURE: <b>Rev. Raymond Saintil</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        | 3/24/97 (407) 291-3146<br>Date Daytime Phone                                                                                                                                                |                                                                   |

CR2E037 (9/96)