FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DIVISION OF CO.

DOCUMENT # N9400006245 (4)

HAITIAN MISSION BAPTIST CHURCH OF BETHANY, INC.

Mailing Address

FILED Apr 01 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address									4 (40)(10) 0(0 (41)) 0131(01)) 00)(1 60)(1 02)(1 01)(1 01)(1 01)(1 01)(1 01)(1 01)							
3524 WELLS STREET ORLANDO FL 32805				3524 WELLS STREET ORLANDO FL 32805				3. D	3. Date Incorporated or Qualified							
			OR						12/21/1994							
								4. F	El Number					A	pplied For	
									59-329	4816	i			N	ot Applicable	
2. Principal Pi			_	2a. Mailing Address				. 5 . c	ertificate o	f Status	Desired	ı 🗆	\$		Additional	
		Dr. Orl.3280)5 26	26 7421 Brockbank Dr 32809				,						Fee R	equired	
Sulte, Apt. #, etc.				Suite, Apt. #, etc.					lection Car						May Be	
22				City & State					rust Fund (Added t		
City & State				28				7. 19	7. Is this nonprofit corporation a homeowners association?							
Zip	Country			Zip Country			This corporation owes or has paid the current year Intangible									
24		25	29	· •	30	•			ersonal Pro				Ŭ Y] No	
<u> </u>	9. Name	and Address of Curi		tered Agent	1221	Γ				<u> </u>		w Register	ed Age	nt		
						81	Name									
SAINTIL.	RAYMON)				82	Street A	ddress (P.O) Boy Num	her is l	Not Acce	entable)				
	LLS STRE			ا ا			7421	at Address (P.O. Box Number is Not Acceptable) 1 Brockbank Dr. Collamac, St. 32339								
ORLANDO FL 32805						83						4				
						84	City							5 Zip	Code	
						ΙI	01	rlando					ËL ∣⁻	32	Code 809	
11. Pursuant t	to the provis	ions of Sections 617.0 gent, or both, in the Sta ith, and accept the ob	502 and 6	17.1508, Florida Statu	tes, the a	bove	e-named	corporation a	submits this	s state	nent for	the purpos	e of cha	anging i	its registered	
agent. I a	m lamiliar w	ith, and accept the ob	ligations of	f, Section 617.0503, F	lorida Sta	tutes	6. 3.	oralion b boo	ara or 01100	J.(J. G. 1		iooopi iio i	арропп	none ac	, registered	
SIGNATURE _																
12.	Signature, typed	or printed name of registered OFFICERS A			TE: Registere 13.	d Age	nt aignature i	required when rei		LIANO	EC TO C	DAT OFFICERS A		SECTO	DC IN 12	
TITLE	P	OFFICERS A	IND DIREC	DELETE	1.1 16	ITI E	1	AD	DITIONS	MANG	23 10 0	orricens r		Change	Addition	
NAME		RAYMOND			1.2 N									onungo		
STREET ADDRESS		ELLS STREET					ADDRESS	7421	Brockb	ank	Dr				i	
CITY-ST-ZIP		O FL 32805				ITY-S		Orlan			2809					
TITLE	VP		•	DELETE	2.1 Ti		" - " 	VII COLL					X	Change	☐ Addition	
NAME	BERNAD	ETTE, SAINTIL			2.2 N	AME									1	
STREET ADDRESS		ELLS STREET			2.3 S	TREET	ADDRESS	7421	Brockb	ank	Dr					
CITY-ST-ZIP	ORLAND	O FL 32805			2.40	CITY-S	ST-ZIP	Orlan	do FL	رُد ،	2809					
TITLE	S			DELETE	3.1 Ti	ITLE							X	Change	Addition	
NAME	LOUIS,	YVONNE			3.2 N	AME										
STREET ADDRESS	407 WE	st Jackson Stre	ET		3.3 \$	TREET	ADDRESS	3774	Rio G	rand	Su.	T				
CITY - ST - ZIP	ORLAND	O FL 32801			3.4. 0	HY-S	ST-ZIP	Orlan	ido, Fl	<u>. 3</u>	2839					
TITLE	D			☐ DELETE	4.1 Ti	ITLE							X.	Change	Addition	
NAME		N, LOUIS			4.21	IAME	1				_					
STREET ADDRESS		st Jackson Stre	ET		4.3 \$	TREET	ADDRESS		Rio Gr			T				
CITY-ST-ZIP		OO FL 32805					T-ZIP	Orlan	do FL	32	2839			-	T saissi	
TIFLE	D	A A15(1A1)		☐ DELETE	5.1 Ti								Ц	Change	Addition	
NAME		S, DIEUONNE L			5.2 N											
STREET ADDRESS		NQUIL DR.					ADDRESS									
CITY-ST-ZIP	D D	OO FL 32818	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 C 6.1 Yi		T-ZIP						īΣ	Change	Addition	
TITLE	_	MADIC		FT DETEIL	•		ĺ						₩.	CHANGE	Addition	
NAME OZOSCE ADDOSOS		i, marie Merican Blvd, ap'	T OAE		6.2 N		ADDRESS	3762 1	Water	Oak.	. D.~					
STREET ADDRESS		•	647					Orland		32						
14. I hereby o		OFL 32839 be information supplied	with this f	filing does not qualify			tion state					tes. I furthe	r certify	that th	e information	

reflect certify that the information supplied with this limit does not qualify for the exemption stated in section 119.07(5)(f), Florida Statutes. 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 effecute 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:

XUM Raymond Sounty

3/26/98

CR2E037 (10/9