

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 # N95000001995 (8)

1. Corporation Name

HAIKIAN EVANGELICAL CHURCHES UNITED, INC.



Principal Place of Business: **595 NW 130TH ST MIAMI FL 33168**
Mailing Address: **595 NW 130TH ST MIAMI FL 33168**

3. Date Incorporated or Qualified: **04/26/1995**
3a. Date of Last Report

| | | | | | | | |
|----|--------------------------------|----|---------------------|----|--|-------------------------------------|---------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FEI Number | <input checked="" type="checkbox"/> | Applied For |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip | 29 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| STERLING, JOSEPH 595 NW 130TH ST MIAMI FL 33168 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.150B, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STERLING, JOSEPH E | 1.2 NAME | |
| STREET ADDRESS | 595 NW 130TH ST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33168 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLEMUR, REYNOLD | 2.2 NAME | |
| STREET ADDRESS | 625 NE 150TH ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33161 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOUSSAINT, LOUIS F | 3.2 NAME | |
| STREET ADDRESS | 535 NW 97TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33150 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEAN-LOUIS, JULES | 4.2 NAME | |
| STREET ADDRESS | 17830 NW 28TH CT | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33056 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEAN-PHILIPPE, JEAN H | 5.2 NAME | |
| STREET ADDRESS | 581 NW 194TH ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33169 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOSEPH, LEON | 6.2 NAME | |
| STREET ADDRESS | 12655 NE 1ST AVE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33161 | 6.4 CITY-ST-ZIP | |

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5-1-96 OR

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: Louis F Toussaint Date: 4/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)