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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001995 (8)**

1. Corporation Name

HAITIAN EVANGELICAL CHURCHES UNITED, INC.



Principal Place of Business 595 NW 130TH ST MIAMI FL 33168	Mailing Address 595 NW 130TH ST MIAMI FL 33168-3748
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3. Date Incorporated or Qualified 04/26/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number Applied for / attached	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 STERLING, JOSEPH 595 NW 130TH ST MIAMI FL 33168	
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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 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 _____ (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-PHILLIPE, 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	12855 NE 1ST AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33181	6.4 CITY-ST-ZIP	

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.

CR2E037 (9/96)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

► Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) HAITIAN EVANGELICAL Churches United, Inc.	3 Executor, trustee, "care of" name Joseph Sterling
	2 Trade name of business (if different from name on line 1) Same	5a Business address (if different from address on lines 4a and 4b) Same
	4a Mailing address (street address) (room, apt., or suite no.) 595 NW 130 Street	5b City, state, and ZIP code same
	4b City, state, and ZIP code MIAMI FL 33168	
	6 County and state where principal business is located Dade Florida	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ► 266750303 Joseph Sterling	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input type="checkbox"/> Other corporation (specify) ►
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input checked="" type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Other (specify) ►	<input checked="" type="checkbox"/> Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State None	Foreign country None
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9 Reason for applying (Check only one box.)	<input checked="" type="checkbox"/> Banking purpose (specify) ► To open account
<input type="checkbox"/> Started new business (specify) ►	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (Mo., day, year) (See instructions.) 04 26 95	11 Closing month of accounting year (See instructions.) Sep 96
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	none
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural none	Agricultural none	Household none
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14 Principal activity (See instructions.) ►	Church
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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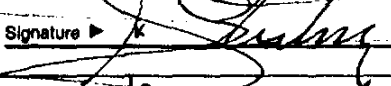
16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ► none	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ► none	Trade name ► none
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year)	City and state where filed	Previous EIN
	none	none	none

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) none
	Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► Joseph E. Sterling	Date ► 06 11 97
Signature ► 	

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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