

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jun 19 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>595 NW 130TH ST MIAMI FL 33168</b>	Mailing Address <b>595 NW 130TH ST MIAMI FL 33168-3748</b>
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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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3. Date Incorporated or Qualified <b>04/26/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>Applied for / attached</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STERLING, JOSEPH**  
**595 NW 130TH ST**  
**MIAMI FL 33168**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERLING, JOSEPH E</b>	1.2 NAME	
STREET ADDRESS	<b>595 NW 130TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEMUR, REYNOLD</b>	2.2 NAME	
STREET ADDRESS	<b>625 NE 150TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOUSSAINT, LOUIS F</b>	3.2 NAME	
STREET ADDRESS	<b>535 NW 97TH ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN-LOUIS, JULES</b>	4.2 NAME	
STREET ADDRESS	<b>17830 NW 28TH CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33056</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEAN-PHILIPPE, JEAN H</b>	5.2 NAME	
STREET ADDRESS	<b>581 NW 194TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, LEON</b>	6.2 NAME	
STREET ADDRESS	<b>12855 NE 1ST AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	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.

*Signature: [Handwritten Signature]* Date: **05/01/97**

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.

**2** Trade name of business (if different from name on line 1)  
Same

**3** Executor, trustee, "care of" name  
Joseph Sterling

**4a** Mailing address (street address) (room, apt., or suite no.)  
595 NW 130 Street

**5a** Business address (if different from address on lines 4a and 4b)  
Same

**4b** City, state, and ZIP code  
MIAMI FL 33168

**5b** City, state, and ZIP code  
Same

**6** County and state where principal business is located  
Dade Florida

**7** Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ 266750303  
Joseph Sterling

**8a** Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) \_\_\_\_\_  Estate (SSN of decedent) \_\_\_\_\_

Partnership  Personal service corp.  Plan administrator-SSN \_\_\_\_\_

REMIC  Limited liability co.  Other corporation (specify) ▶ \_\_\_\_\_

State/local government  National Guard  Trust  Farmers' cooperative \_\_\_\_\_

Other nonprofit organization (specify) ▶ \_\_\_\_\_ (enter GEN if applicable)  Church or church-controlled organization

Other (specify) ▶ \_\_\_\_\_

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated

State None Foreign country None

**9** Reason for applying (Check only one box.)

Started new business (specify) ▶ \_\_\_\_\_

Banking purpose (specify) ▶ To open account

Changed type of organization (specify) ▶ \_\_\_\_\_

Purchased going business

Created a trust (specify) ▶ \_\_\_\_\_

Hired employees

Created a pension plan (specify type) ▶ \_\_\_\_\_

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

**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

**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	Agricultural	Household
<u>none</u>	<u>none</u>	<u>none</u>

**14** Principal activity (See instructions.) ▶ Church

**15** Is the principal business activity manufacturing?  Yes  No

If "Yes," principal product and raw material used ▶ none

**16** To whom are most of the products or services sold? Please check the appropriate box.

Public (retail)  Other (specify) ▶ none  Business (wholesale)  N/A

**17a** Has the applicant ever applied for an identification number for this or any other business?  Yes  No

Note: If "Yes," please complete lines 17b and 17c.

**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

**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
<u>none</u>	<u>none</u>	<u>none</u>

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

Signature ▶ [Signature] Date ▶ 06 11 97

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying