


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 716 MICHIGAN AVE. #304 MIAMI BEACH FL. 33139	Mailing Address 716 MICHIGAN AVE. #304 MIAMI BEACH FL. 33139
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3. Date Incorporated or Qualified
04/26/1995

4. FEI Number
65-0850325

Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

D
STERLING, JOSEPH E
716 MICHIGAN AVE. #304
MIAMI BEACH FL. 33139

10. Name and Address of New Registered Agent

81 Name
JOSEPH E. STERLING

82 Street Address (P.O. Box Number is Not Acceptable)

83
716 MICHIGAN AVE. #304

84 City
MIAMI BEACH

85 Zip Code
FL 33139

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	STERLING, JOSEPH E	
STREET ADDRESS	716 MIAHIGAN AVE. #304	
CITY-ST-ZIP	MIAMI BEACH FL. 33139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLEMUR, REYNOLD	
STREET ADDRESS	635 N. E 150 TREET	
CITY-ST-ZIP	MIAMI FLORIDA 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, LOUIS F	
STREET ADDRESS	535 N W 97TH ST	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN-LOUIS, JULES	
STREET ADDRESS	17830 NW 28TH CT	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JEAN-PHILLIPE, JEAN H	
STREET ADDRESS	561 NW 194TH ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOSEPH, LEON	
STREET ADDRESS	12655 NE 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	716 MICHIGAN AVE. #304	
1.3 STREET ADDRESS	MIAMI BEACH FL. 33139	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	30000260718	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-08/04/98--01072--020	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

PE
7.29

14. I 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:  **JOSEPH E. STERLING** 06/10/98 (305)673-6122
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)