

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 # N95000003599 (6)
1. Corporation Name
EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC.



Principal Place of Business
**5356 BOSQUE LANE
SUITE 115
W. PALM BEACH FL 33415**

Mailing Address
**5356 BOSQUE LANE
SUITE 115
W. PALM BEACH FL 33415**

3. Date Incorporated or Qualified
07/28/1995

3a. Date of Last Report

4. FEI Number
65-0501899

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

81 Name
Daniel Bartley

82 Street Address (P.O. Box Number is Not Acceptable)
5356 Bosque Lane #115

83

84 City
West Palm Beach

85 Zip Code
FL 33415

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 **DANIEL BARTLEY**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
Date Registered Agent Signature Required when reinstating

03/26/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARTLEY, DANIEL REV.	
STREET ADDRESS	5356 BOSQUE LANE, SUITE 115	
CITY-ST-ZIP	W. PALM BEACH FL 33415	
TITLE	Trustee	<input type="checkbox"/> DELETE
NAME	Joel Sergiles	
STREET ADDRESS	Everglades Street #14	
CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Anne Bartley	
STREET ADDRESS	5356 Bosque Lane #115	
CITY-ST-ZIP	W.Palm Beach, Fl 33415	
TITLE	Trustee	<input type="checkbox"/> DELETE
NAME	Maguelita Jeanty	
STREET ADDRESS	2413 Palm Glade Drive	
CITY-ST-ZIP	Belle Glade, Fl 33430	
TITLE	Trustee	<input type="checkbox"/> DELETE
NAME	Maxo Saint Clair	
STREET ADDRESS	561 SW 8th Street #4	
CITY-ST-ZIP	Belle Glade, Fl 33460	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	

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*****61.25**

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: *[Signature]* **Daniel Bartley** **02/08/96** **686-5298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mtg Phone #

CR2E037 (12/95)
DM
3-29-1996