

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003599**
1. Corporation Name
EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC.

Principal Place of Business: **225 N.W. AVENUE G BELLE GLADE, FL 33430**
Mailing Address: **1043 ASPRI WAY RIVIERA BEACH, FL 33418**

3. Date Incorporated or Qualified: **07/28/95**
4. FEI Number: **65-0501899**
Applied For: Not Applicable:

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, City & State, Zip, and Country.

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

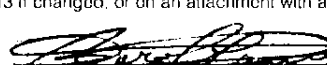
10. Name and Address of New Registered Agent
81 Name: **DANIEL BARTLEY**
82 Street Address (P.O. Box Number is Not Acceptable):
83 **1043 ASPRI WAY**
84 City: **RIVIERA BEACH** FL 85 Zip Code: **33418**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLEY, DANIEL REV.	1.2 NAME	
STREET ADDRESS	1043 ASPRI WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH, FL 33418	1.4 CITY-ST-ZIP	
TITLE	Trustee <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joel Sergiles	2.2 NAME	Michaud Barthelemy
STREET ADDRESS	Everglades Street #14	2.3 STREET ADDRESS	733 S.W. Ave E # 19
CITY-ST-ZIP	Belle Glade, Fl 33430	2.4 CITY-ST-ZIP	Belle Glade, Fl 33430
TITLE	Secretary <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anne Bartley	3.2 NAME	Raymonde Anderson
STREET ADDRESS	1043 Aspri Way	3.3 STREET ADDRESS	N.E. 21 ST. # 822
CITY-ST-ZIP	Riviera Beach, Fl 33418	3.4 CITY-ST-ZIP	Belle Glade, Fl 33430
TITLE	Trustee <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maguelita Jeanty	4.2 NAME	
STREET ADDRESS	2413 Palm Glade Drive	4.3 STREET ADDRESS	
CITY-ST-ZIP	Belle Glade, Fl 33430	4.4 CITY-ST-ZIP	
TITLE	Trustee <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxo Saint Clair	5.2 NAME	000002499340
STREET ADDRESS	561 S.W. 8th Street # 4	5.3 STREET ADDRESS	-04/24/98--01037--035
CITY-ST-ZIP	Belle Glade, Fl 33430	5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Daniel Bartley** 04/09/98 (561)863-7527
Date Daytime Phone #

CR2E037 (10/97)

PE 423