FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

FILED Mar 02, 1999 8:00 am § Secretary of State

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DOCUMENT # N9500003599

1. Corporation Name

EGLISE EVANGELIQUE LUTHERIENNE HAITIENNE INC.

Principal Place of Business 225 NW AVENUE G BELLE GLADE FL 33430

1043 ASPRI WAY

RIVIERA BEACH FL 33418

Mailing Address

1043 ASPRI WAY

RIVIERA BEACH FL 33418

2.	Principal Place of Business	2a	Mailing Address		3					
21		26				07/28/1995				
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		4	FEI Number	Applied For			
22		27				65-0501899	Not Applicable			
,	City & State	Τ,	City & State		-	· Certifcate of Status Desired	\$8.75 Additional			
23		28				. Certificate of Status Desired	Fee Required			
	Zip Country		Zip Cou	intry	6	· Election Campaign Financing	\$5.00 May Be			
24	25	29	[30]			Trust Fund Contribution	Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81	Name					
BARTLEY, DANIEL					82 Street Address (P.O. Box Number is Not Acceptable)					

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.

83

84 City

SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable.	gistered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	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			<u> </u>		
TITLE	T	☐ DELETE	2.1 TITLE	T		Change	☐ Addition	
NAME	BARTHELEMY, MICHAUD		2.2 NAME	Barthelemy, Mic	haud		-	
STREET ADORESS	733 SW AVE E., #19		2.3 STREET ADDRESS	3474 Rudolf Roa				
CITY-ST-ZIP	BELLE GLADE FL 33430	_	2.4 CITY-ST-ZIP	Lake Worth, F1	<u> 33461 </u>			
TITLE	S	⊠ DELETE	3.1 TITLE	S		Change	☐ Addition	
NAME	ANDERSON, RAYMONDE		3.2 NAME	Anne Bartley			,	
STREET ADDRESS	NE 21 ST., #822		3.3 STREET ADDRESS	1043 Aspri Way		• * * * * * * * * * * * * * * * * * * *]	
CiTY-ST-ZIP	BELLE GLADE FL 33430	_	3.4. CITY-ST-ZIP	Riviera Beach,	F1 33418	3		
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	JEANTY, MAGUELITA		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	Τ	☐ DELETE	5.1 TITLE		,	Change	Addition	
NAME	CLAIR, MAXO SAINT		5.2 NAME					
STREET ADDRESS	561 SW 8TH ST. #4		5.3 STREET ADDRESS			•	,	
CITY-ST-ZIP	BELLE GLADE FL 33430	_	5.4 CITY-ST-ZIP			<u> </u>		
TITLE	<u></u>	☐ DELETE	6.1 TIFLE		4 "	Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: