

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004188 (7)**

1. Corporation Name

EGLISE BAPTISTE HAITIENNE DU SINAI, INC.

Principal Place of Business

Mailing Address

**1601 NW 79TH STREET
MIAMI FL 33147
US**

**3061 NW 88TH STREET
MIAMI FL 33147-3773
US**



2. Principal Place of Business

2a. Mailing Address

21 14600 N.W. 7th Ave

26 3061 N.W. 88th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, Florida

28 Miami, Florida

Zip

Zip

Country

Country

24 33146

25 Dade

29 33147

30 Dade

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/30/1995

3a. Date of Last Report
02/22/1996

4. FEI Number **59-337053**
APPLIED FOR

☒ 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

**TOUSSAINT, MARC
3061 NW 88TH STREET
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name MARC TOUSSAINT
82 Street Address (P.O. Box Number is Not Acceptable)
3061 N.W. 88th
83 3061 N.W. 88th
84 City Miami, FL 85 Zip Code 33147

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 **MARC TOUSSAINT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, RUTH S	
STREET ADDRESS	3061 NW 88TH STREET	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAZEAU, MARILYN T	
STREET ADDRESS	1128 NW 116TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAZEAU, HOSNY	
STREET ADDRESS	1128 NW 116TH TERRACE	
CITY - ST - ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, ANNA L	
STREET ADDRESS	3061 NW 88TH STREET	
CITY - ST - ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MYLA, GERTHA	
STREET ADDRESS	1940 NW 188 TERRACE	
CITY - ST - ZIP	MIAMI FL 33056	
TITLE	D	<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	

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: **RUTH TOUSSAINT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97 (305) 836-4826

Daytime Phone # 0030668

CR2E037 (9/96)