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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005488 (0)**

1. Corporation Name

EMMANUEL HAITIAN CHRISTIAN COMMUNITY CENTER, INC



Principal Place of Business

Mailing Address

**7321 NE 2ND AVENUE
MIAMI FL 33138**

**7321 NE 2ND AVENUE
MIAMI FL 33138-5309**

3. Date Incorporated or Qualified
11/20/1995

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARCELLUS, EMMANUEL M
7321 NE 2ND AVE
MIAMI FL 33138**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **ALCINDOR, PIERRE M**
STREET ADDRESS **13035 SW 107TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **CAZEAU, CHARLES**
STREET ADDRESS **15011 N.E. 11TH AVE.**
CITY-ST-ZIP **MIAMI FL 33168**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE

NAME **MONDE, ERODE**
STREET ADDRESS **421 NW 118TH STREET**
CITY-ST-ZIP **MIAMI FL 33168**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE

NAME **MARCELLUS, EMMANUEL**
STREET ADDRESS **1840 NW 135TH STREET**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE

NAME **DELVA, VERNET**
STREET ADDRESS **180 NW 68TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33150**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Emmanuel Marcelus*

1/23/97 1305125275

CR2E037 (9/96)