

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005984 (8)
1. Corporation Name
EGLISE BAPTISTE HAITIENNE BETHLEEM, INC.



Principal Place of Business 3900 BROADWAY WEST PALM BEACH FL 33407	Mailing Address 729 MAGNOLIA DRIVE LAKE PARK FL 33403
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3. Date Incorporated or Qualified 12/18/1995	4. FEI Number 65-0637177	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 West Palm Beach, FL Suite, Apt. #, etc.	2a. Mailing Address 28 729 Magnolia Drive Suite, Apt. #, etc.
22 3900 Broadway City & State	27 Lake Park, Florida City & State
23 West Palm Beach, FL Zip	29 33403 Zip
24 33407 Country	30 FL Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CHEVELON, ELISNER
729 MAGNOLIA DRIVE
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent

81 Name Reverend Elisner CHEVELON
82 Street Address (P.O. Box Number is Not Acceptable) 729 Magnolia Drive
83
84 City Lake Park
85 Zip Code FL 33403

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 **ELISNER CHEVELON** DATE **1-23-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE AG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BAPTISTE, NERZICHUS		1.2 NAME RENE GENESTAN	
STREET ADDRESS 645 - 36TH ST.		1.3 STREET ADDRESS 5885 Cayman Cir East	
CITY-ST-ZIP WEST PALM BEACH FL 33407		1.4 CITY-ST-ZIP West Palm Beach 33407, FL	
TITLE YDD	<input type="checkbox"/> DELETE	2.1 TITLE JM TERALEM Dominique	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FENELUS, MERILES		2.2 NAME 1500 Crescent Circle	
STREET ADDRESS 117 W. 37TH STREET		2.3 STREET ADDRESS Lake Park FL, 33403	
CITY-ST-ZIP RIVIERA BEACH FL 33404		2.4 CITY-ST-ZIP Lake Park FL, 33403	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D.S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VOIYEL, JEAN LOUIS		3.2 NAME Sauveur Antoine	
STREET ADDRESS 424 - 59 STREET		3.3 STREET ADDRESS 734 Date Palm Drive	
CITY-ST-ZIP WEST PALM BEACH FL 33407		3.4 CITY-ST-ZIP FL, 33403	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME 100002545611	
STREET ADDRESS		5.3 STREET ADDRESS --06/03/98--01023--028	
CITY-ST-ZIP		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 *[Signature]* DATE **1-23-98**

CR2E037 (10/97)