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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90212 002 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005984

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



425 Crescent DR

2. Principal Place of Business

21 *425 CRESCENT DR*

Suite, Apt. #, etc.

22 City & State
LAKE PARK FL

24 Zip
33403

25 Country
USA

2a. Mailing Address

26 *729 MAGNOLIA DR*

Suite, Apt. #, etc.

27 City & State
LAKE PARK, FL

29 Zip
33403

30 Country
USA

3. Date Incorporated or Qualified

12/18/1995

4. FEI Number

65-0637177

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

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

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

TITLE **DP** DELETE
 NAME **BAPTISTE, NERZICHUS**
 STREET ADDRESS **645 - 36TH ST.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **YDD** DELETE
 NAME **FENELUS, MERILES**
 STREET ADDRESS **117-W- 37TH STREET**
 CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE **D** DELETE
 NAME **VOIYEL, JEAN LOUIS**
 STREET ADDRESS **424 - 59 STREET**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **C** DELETE
 NAME **GENESTAN, EOLRENE**
 STREET ADDRESS **5885 CAYMAN CIR E**
 CITY-ST-ZIP **W. PALM BCH. FL 33407**

TITLE **S** DELETE
 NAME **TERALEM, DOMINIQUE**
 STREET ADDRESS **1500 CRESCENT CIR.**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Meriles, fenelus*

5-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)