

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000121 (1)**  
1. Corporation Name  
**GOOD SAMARITAN HAITIAN BAPTIST CHURCH, INC.**



Principal Place of Business <b>1155 SW 1ST WAY DEERFIELD BEACH FL 33441</b>	Mailing Address <b>1155 SW 1ST WAY DEERFIELD BEACH FL 33441-6640</b>
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3. Date Incorporated or Qualified <b>01/08/1996</b>	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <b>1721 NW 15 Vista #7</b>
22 City & State	27 <b>Boca Raton Fl.</b>
23 Zip	28 <b>33432</b>
24 Country	29 Country
25	30

4. FEI Number <b>65-0641331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name <b>RENDEL, PIERRE B</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1721 NW 15 VISTA #2</b>
83
84 City <b>BOCA RATON FL 33432</b>
85 Zip Code

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Pierre B. Rendel DATE 4-12-97

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE OF OFFICER <b>Officer</b>	<input type="checkbox"/> DELETE
NAME <b>Rendel Pierre B.</b>	
STREET ADDRESS <b>1721 NW 15 Vista #7</b>	
CITY-ST-ZIP <b>Boca Raton Fl. 33432</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>Franklin Toussaint</b>	
STREET ADDRESS <b>690 E Robin Thrace</b>	
CITY-ST-ZIP <b>Delray Beach Fl. 33444</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>Montenel Cazius</b>	
STREET ADDRESS <b>353 20th Street #2</b>	
CITY-ST-ZIP <b>Boca Raton Fl. 33431</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CERAVE METEZIER</b>	
STREET ADDRESS <b>1101 NE 3rd Ave #26</b>	
CITY-ST-ZIP <b>Pompano Beach Fl.</b>	

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.

CR2E037 (9/96)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
ATLANTA GA 39901

DATE OF THIS NOTICE: 02-23-96  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 65-0641331  
FORM: SS-4  
0717002987 0

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

GOOD SAMARITAN HAITIAN BAPTIST  
% PIERRE B RENDEL  
1155 SW 1ST WAY  
DEERFIELD BEACH FL 33441

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)**

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-0641331. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

If you want to receive a ruling or a determination letter recognizing your organization as tax exempt, you should file Form 1023/1024, Application for Recognition of Exemption, with your IRS Key District office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.

Please use the label IRS provided when filing tax documents. If that isn't possible, you should use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

GOOD SAMARITAN HAITIAN BAPTIST  
CHURCH INC  
% PIERRE B RENDEL  
1155 SW 1ST WAY  
DEERFIELD BEACH FL 33441

If this information isn't correct, please correct it using page 2 of this notice. Return it to us at the address shown so we can correct your account.

Thank you for your cooperation.