

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 18 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N96000000235 (9)

1. Corporation Name

EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.

Principal Place of Business

9150 N.W. 17TH AVENUE  
MIAMI FL 33147

Mailing Address

9150 N.W. 17TH AVENUE  
MIAMI FL 33147

2. Principal Place of Business

21 8350 NW 14TH AVENUE  
Suite, Apt. #, etc.

22 House

23 City & State  
MIAMI Florida

24 Zip  
33147

25 Country

2a. Mailing Address

26 1460 NW 92 ST  
Suite, Apt. #, etc.

27 House

28 City & State  
MIAMI FL

29 Zip  
33147

30 Country

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

65-0594453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CIVIL, VENEL REV  
1460 N.W. 92ND STREET  
MIAMI FL 33147

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)

10-11-98 DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CIVIL, VENEL REV  
STREET ADDRESS 1460 N.W. 92ND STREET  
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME ANGLADE, CLICENIE  
STREET ADDRESS 1460 N.W. 92ND STREET  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME BRUTUS, DELIVRANCE  
STREET ADDRESS 13200 N.W. 22ND AVENUE  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

NAME PAUL, AUREL  
STREET ADDRESS 3362 N.W. 194TH STREET  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

REINSTATEMENT

400002695204--0

-11/24/98--01/16/99

\*\*\*236.25 \*\*\*236.25

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:

VENEL CIVIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)