

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 27 1998 8:00am
Secretary of State

DOCUMENT # **N96000004669 (5)**

1. Corporation Name

L'EGLISE EVANGELIQUE BAPTISTE DE LA COMMUNAUTE HAITIENNE, INC.



Principal Place of Business

Mailing Address

6524 S.W. 8TH PLACE
NORTH LAUDERDALE FL 33068

6524 S.W. 8TH PLACE
NORTH LAUDERDALE FL 33068

Correct

3. Date Incorporated or Qualified

09/05/1996

4. FEI Number

65-0702199

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEROSENEN, JEAN ENOCK
6524 S.W. 8TH PLACE
NORTH LAUDERDALE FL 33068

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

DEROSENEN, JEAN ENOCK

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 DEROSENEN, JEAN ENOCK
STREET ADDRESS 6524 S.W. 8TH PLACE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME *no changes*
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME PIERRE-LOUIS, FORTIMIL
STREET ADDRESS 5001 S.W. 12TH STREET
CITY-ST-ZIP MARGATE FL 33068

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

TITLE TD ☐ DELETE
NAME ANOR, RENE NORVIUS
STREET ADDRESS 3920 WOODSIDE DR, APT 1
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE SD ☐ DELETE
NAME DUCTAN, ZENAS
STREET ADDRESS 420 S.W. 62ND AVE
CITY-ST-ZIP MARGATE FL 33068

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

TITLE D ☐ DELETE
NAME HILAIRE, JOSEPH YVES
STREET ADDRESS 961 S.W. 80TH AVE, APT C
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

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

TITLE D ☐ DELETE
NAME SAINVIL, ROSITA
STREET ADDRESS 1721 SW 65TH AVE
CITY-ST-ZIP POMPANO BEACH FL 33068

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.

SIGNATURE:

DEROSENEN, JEAN ENOCK 01-13-1998

CR2E037 (10/97)