

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000004669 (5)
1. Corporation Name

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



| | |
|---|---|
| Principal Place of Business 6524 S.W. 8TH PLACE NORTH LAUDERDALE FL 33068 <i>Correct</i> | Mailing Address 6524 S.W. 8TH PLACE NORTH LAUDERDALE FL 33068 |
|---|---|

3. Date Incorporated or Qualified
09/05/1996

| | | |
|------------------------------------|---|---|
| 4. FEI Number 65-0702199 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
|------------------------------------|---|---|

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
|--------------------------------------|---------------------------|

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|---------------------------|---------------------------|

| | |
|--------------------|--------------------|
| City & State 23 | City & State 28 |
|--------------------|--------------------|

| | | | |
|-----------|---------------|-----------|---------------|
| Zip 24 | Country 25 | Zip 29 | Country 30 |
|-----------|---------------|-----------|---------------|

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: *DEROSENENY, 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | DEROSENENY, JEAN ENOCK | |
| STREET ADDRESS | 6524 S.W. 8TH PLACE | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PIERRE-LOUIS, FORTIMIL | |
| STREET ADDRESS | 5001 S.W. 12TH STREET | |
| CITY-ST-ZIP | MARGATE FL 33068 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | ANOR, RENE NORVIUS | |
| STREET ADDRESS | 3920 WOODSIDE DR, APT 1 | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | DUCTAN, ZENAS | |
| STREET ADDRESS | 420 S.W. 62ND AVE | |
| CITY-ST-ZIP | MARGATE FL 33068 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HILAIRE, JOSEPH YVES | |
| STREET ADDRESS | 961 S.W. 80TH AVE, APT C | |
| CITY-ST-ZIP | NORTH LAUDERDALE FL 33068 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SAINVIL, ROSITA | |
| STREET ADDRESS | 1721 SW 65TH AVE | |
| CITY-ST-ZIP | POMPANO BEACH FL 33068 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | <i>no changes</i> |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | |
| 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 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: *DEROSENENY, JEAN ENOCK* **01-13-1998**

CR2E037 (10/97)