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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N96000004669

1. Corporation Name

L'EGLISE EVANGELIQUE BAPTISTE DE LA COMMUNAUTE H  
ATTIENNE, INC.

Principal Place of Business  
6524 S.W. 8TH PLACE  
NORTH LAUDERDALE FL 33068

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



SAME AS ABOVE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
09/05/1996

21 Suite, Apt. #, etc.

26 6524 S.W. 8th Pl  
Suite, Apt. #, etc.

4. FEI Number  
65-0702199

Applied For  
Not Applicable

22 City & State

27 North Laud Fla  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 Zip Country

28 U.S.A.  
Zip Country

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEROSENEY, 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

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

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

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

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 647, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)