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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # N96000005015

1. Corporation Name
MAHALALEEL BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
2874 N. STATE ROAD 7 LAUDERDALE LAKES FL 33311	2874 N. STATE ROAD 7 LAUDERDALE LAKES FL 33311

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: 09/26/1996

4. FEI Number: 59-3410259 ☐ 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

9. Name and Address of Current Registered Agent

TILERIN, CERAMAND
5859 N.W. 16TH STREET
SUNRISE FL 33313

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☒ Addition
NAME	MIREUS, OLIUS		1.2 NAME	VERDELUS ACUIS AS
STREET ADDRESS	260 S.W. 56TH TERRACE #106		1.3 STREET ADDRESS	3910 NE 1ST AVE
CITY-ST-ZIP	MARGATE FL 33068		1.4 CITY-ST-ZIP	FT LAUD FL 33334
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	TILERIN, CERAMAND		2.2 NAME	CELIPHET SILVAIN M
STREET ADDRESS	5859 N.W. 16 ST.		2.3 STREET ADDRESS	3910 NE 1ST AVE
CITY-ST-ZIP	SUNRISE FL 33313		2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33334
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LOSEIL, JOSEPH B		3.2 NAME	
STREET ADDRESS	1122 S.W. 1ST STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		3.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DUPICHE, ADORABLE		4.2 NAME	
STREET ADDRESS	100 N.W. 188 ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33316-9		4.4 CITY-ST-ZIP	
TITLE	AS	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SYLVAIN, CADIEU		5.2 NAME	
STREET ADDRESS	1241 N.E. 207 TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SYLVAIN, GEDEON		6.2 NAME	
STREET ADDRESS	5301 N.W. 16TH CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33313		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: x Gedeon Sylvain Vice President 3/16/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #