

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000848 (8)**  
1. Corporation Name  
**EGLISE DU CHRIST HAITIENNE DE NORTH MIAMI CORPORATION**

Principal Place of Business <b>14945 N.E. 6TH AVENUE NORTH MIAMI FL 33161</b>	Mailing Address <b>14945 N.E. 6TH AVENUE NORTH MIAMI FL 33161</b>
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3. Date Incorporated or Qualified  
**02/12/1997**

4. FEI Number  
**65-0499832**

Applied For  
 Not Applicable

21. Principal Place of Business <b>6620 MIAMI AVE</b> Suite, Apt. #, etc.	26. Mailing Address <b>6620 MIAMI AVENUE</b> Suite, Apt. #, etc.
22. City & State <b>MIAMI, FLORIDA</b>	27. City & State <b>MIAMI, FLORIDA</b>
23. Zip <b>33150</b>	24. Country
25. Zip <b>33150</b>	29. Country
30. Country	

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

**KERNIZAN-LAFLEUR, DUMAS PASTOR  
14945 N.E. 6TH AVENUE  
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERNIZAN-LAFLEUR, DUMAS PASTOR</b>	1.2 NAME	
STREET ADDRESS	<b>195 N.E. 127TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERISE, MARIE GESTA</b>	2.2 NAME	
STREET ADDRESS	<b>1440 N.W. 72 STREET, APT. 15</b>	2.3 STREET ADDRESS	<b>YD MAR MERISE, MARIE GESTA 6885 W. 7<sup>TH</sup> AVE, APT # 906 HIALEAH, FL, 33014</b>
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFLEUR, BERNADETTE</b>	3.2 NAME	
STREET ADDRESS	<b>195 N.E. 127 STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	3.4 CITY-ST-ZIP	
TITLE	<b>ATD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OSIAS, MARIE FRANCOISE</b>	4.2 NAME	
STREET ADDRESS	<b>12300 N.E. 4TH AVENUE, APT. 211</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, on an attachment with an address.

SIGNATURE: \_\_\_\_\_ **4/20/98**

CR2E037 (10/97)