

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003009 (4)**

1. Corporation Name

ASSOCIATION DES JEUNES ARTISTES ADVENTISTES HAITIENS, INC.



Principal Place of Business	Mailing Address
ZION SEVENTH DAY ADVENTIST CHURCH 503 NW 10TH STREET MIAMI FL 33136	ZION SEVENTH DAY ADVENTIST CHURCH 503 NW 10TH STREET MIAMI FL 33136

3. Date Incorporated or Qualified

05/23/1997

4. FEI Number

65-0787620

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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

10. Name and Address of New Registered Agent

**AVIN-DURANDISSE, ROSE V
ZION SEVENTH DAY ADVENTIST CHURCH
503 NW 10TH STREET
MIAMI FL 33136**

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

Rose V. Avin-Durandisse

1-26-98

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Director
STREET ADDRESS		1.3 STREET ADDRESS	Chantal Beljard
CITY-ST-ZIP		1.4 CITY-ST-ZIP	9798 NW 25th Ave. Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Donna Hearne
CITY-ST-ZIP		2.4 CITY-ST-ZIP	125 NW 86th Street Miami, FL 33150
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Marie-Jose Daphnis
CITY-ST-ZIP		3.4 CITY-ST-ZIP	245 NW 127th Street Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	President
STREET ADDRESS		4.3 STREET ADDRESS	Jocelyn Augustin
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4620 SW 36th Street Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Vice President
STREET ADDRESS		5.3 STREET ADDRESS	Donald Henry
CITY-ST-ZIP		5.4 CITY-ST-ZIP	503 NW 10th Street Miami, FL 33136
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	Rose Vania Avin-Durandisse
CITY-ST-ZIP		6.4 CITY-ST-ZIP	503 NW 10th Street Miami, FL 33136

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:

Rose V. Avin-Durandisse

Rose V. AVIN-DURANDISSE (305) 375-5056 1/26/98

CR2E037 (10/97)