09171999-90009-025-$8.75-$8.75 * 09171999-90009-026-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 NOV -8 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000004492

1. Corporation Name
Bethel Haitian Baptist Church Inc

Principal Place of Business
5005 NW 173rd Dr
Carol City, Fl 33055

Mailing Address
20002 NW 43rd Ct
Carol City, Fl 33055

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: August 1998

4. FEI Number: 65-0452241 ☐ 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

Rev. Lucien Charlemagne
20002 NW 43 Court
Carol City, FL 33055

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 ______ 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	T — Treasurer ☐ DELETE	1.1 TITLE	T ☐ Change ☒ Addition
NAME	Maryse Ciceron	1.2 NAME	NICLASSE, CLELA
STREET ADDRESS	4611 NW 8 Drive	1.3 STREET ADDRESS	2970 NW 174 ST
CITY-ST-ZIP	Plantation, FL 33317	1.4 CITY-ST-ZIP	Carol City, FL 33055
TITLE	D ☐ DELETE	2.1 TITLE	T ☐ Change ☒ Addition
NAME	Sonia Henriquez	2.2 NAME	PREAL Mona
STREET ADDRESS	4727 NW 195 ST	2.3 STREET ADDRESS	18311 NW 2nd Court
CITY-ST-ZIP	Carol City FL 33055	2.4 CITY-ST-ZIP	Mia, Fl 33169
TITLE	D ☒ DELETE	3.1 TITLE	D PRESIDENT ☐ Change ☒ Addition
NAME	Patrick Blanc	3.2 NAME	Jean Dieudonne
STREET ADDRESS	595 NW 133 ST	3.3 STREET ADDRESS	850 NW 200 Terr
CITY-ST-ZIP	Mia Fl 33168	3.4 CITY-ST-ZIP	Mia, FL 33169
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	LS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LUCIEN CHARLEMAGNE 305-621-5064
Signature and Typed or Printed Name of Signing Officer or Director — Date — Daytime Phone #

CR2E031 (7-99)