

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000006503

1. Corporation Name

DIVINITY BAPTIST CHURCH, INC.

Principal Place of Business

11500 N.W. 17TH AVE.
MIAMI FL 33168

Mailing Address

1071 N.E. 179TH ST.
NO. MIAMI BEACH FL 33162

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90006 004 ****61.25

09-22-1999 90007 035 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0914442	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SANON, HERVENS V 107 N.E. 179TH ST. NO. MIAMI BEACH FL 33162				81 Name	
				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					
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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETIT-DE, WETER		1.2 NAME	Rev. Yvon Previlon	
STREET ADDRESS	686 N.E. 86 ST., #127		1.3 STREET ADDRESS	820 N.W. 101st Street	
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST-ZIP	Miami, Florida	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President, D, Sanon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIMANCHE, ELFAINE		2.2 NAME	Hervens V. Sanon	
STREET ADDRESS	10050 N. MIAMI AVE.		2.3 STREET ADDRESS	1071 N.E. 179th Street	
CITY-ST-ZIP	MIAMI SHORES FL		2.4 CITY-ST-ZIP	N.M.B., FL 33162-1215	
TITLE	DS	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President, T,D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANON, HERVENS V		3.2 NAME	Monestime Alcide	
STREET ADDRESS	1071 N.E. 179 ST.		3.3 STREET ADDRESS	50 N.W. 121st Street	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33162		3.4 CITY-ST-ZIP	N. Miami, FL 33168	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCIDE, MONESTIME		4.2 NAME	Christina Sanon	
STREET ADDRESS	50 N.W. 121 ST.		4.3 STREET ADDRESS	1071 N.E. 179th Street	
CITY-ST-ZIP	NO. MIAMI FL 33168		4.4 CITY-ST-ZIP	N.M.B., FL 33162-1215	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *(305) 654-0193*

CR2E037 (5/99)