


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).

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

05-07-1999 90006 004 \*\*\*\*61.25  
 09-22-1999 90007 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0914442
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  SANON, HERVENS V 107 N.E. 179TH ST. NO. MIAMI BEACH FL 33162	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 <b>FL</b>
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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 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 IGNORED** *Sanon* 9/13/99 (305) 654-0193 (305) 9864-9934  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *Christina Sanon*

CR2E037 (5/99)