

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00416 (8)

1. Corporation Name

FLORIDA HAITIAN CHRISTIAN MISSION INC.



Principal Place of Business

3443 N HAVERHILL RD
WEST PALM BCH. FL 33417
US

Mailing Address

3443 N HAVERHILL RD
W PALM BEACH FL 33417
US

3. Date Incorporated or Qualified 12/28/1983	3a. Date of Last Report 02/01/1995
4. FEI Number 59-2436649	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BLIFFEN, JACK
148 PINWOOD COURT
JUPITER FL 33458

10. Name and Address of New Registered Agent

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

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	TD	11 TITLE	P/D
NAME	WILKINS, ELIZABETH	12 NAME	ZEH, WILLIAM
STREET ADDRESS	1921 S.W. 15TH STREET	13 STREET ADDRESS	711 - 23rd Place SW
CITY-ST-ZIP	DEERFIELD BEACH FL	14 CITY-ST-ZIP	Vero Beach, FL 32962
TITLE	VSD	21 TITLE	
NAME	HIMMELHEBER, CAROLYN	22 NAME	
STREET ADDRESS	1373 WHITE PINE DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	AD	31 TITLE	
NAME	BLIFFEN, JACK	32 NAME	
STREET ADDRESS	5938 GOLDEN EAGLE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	
NAME	COBURN, RICHARD	42 NAME	
STREET ADDRESS	908 EVERGREEN DR	43 STREET ADDRESS	
CITY-ST-ZIP	N PALM BCH. FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jack M. Bliffen

JACK M. BLIFFEN

01/30/96

407-745-9190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)