

**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 # N94000000205 (4)

1. Corporation Name

SECOND HAITIAN CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

2209 WALNUT STREET  
ORLANDO FL 32811  
US

7027 COUPERIN BLVD  
ORLANDO FL 32818  
US

3. Date Incorporated or Qualified  
01/03/1994

3a. Date of Last Report  
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 4445 old Winter Garden

26 7027 Couperin Blvd

4. FEI Number  
59-3216769

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State

City & State

23 Orlando, FL 32811

28 Orlando, FL

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 32811

25 U.S.A

29 32818

30 U.S.A

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCELIN, JEAN F  
7027 COUPERIN BLVD  
ORLANDO FL 32818

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MARCELIN, JEAN F	
STREET ADDRESS	7027 COUPERIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCELIN, ROSE A	
STREET ADDRESS	7027 COUPERIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	METEZIER, MONIQUE	
STREET ADDRESS	456 W. OAK RIDGE RD. #206	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIN, EMMANUEL	
STREET ADDRESS	6016 AMBASSADOR ST	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLLIN, CLANETTE	
STREET ADDRESS	6016 AMBASSADOR ST	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MARCELIN, JIMMY	
STREET ADDRESS	7027 COUPERIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeanette Jean-Baptiste	
1.3 STREET ADDRESS	3052 N. Pine Hills Rd	
1.4 CITY-ST-ZIP	ORLANDO, FL 32808	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Herve Roche	
2.3 STREET ADDRESS	7027 Couperin Blvd	
2.4 CITY-ST-ZIP	ORLANDO, FL 32818	
3.1 TITLE	Gonnet Momplaisir	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gonnet Momplaisir	
3.3 STREET ADDRESS	1624 S. Crystal Lake Dr. #88	
3.4 CITY-ST-ZIP	ORLANDO, FL 32806 Title Counselor	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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:

Jimmy MARCELIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96

Date

578-8519

Daytime Phone #

CR2E037 (12/95)