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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N94000000205

1. Corporation Name
SECOND HAITIAN CHURCH OF THE NAZARENE, INC.

Principal Place of Business
 4960 OLD WINTER GARDEN RD
 ORLANDO FL 32811
 US

Mailing Address
 7027 COUPERIN BLVD
 ORLANDO FL 32818
 US



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/03/1994 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 59-3216769 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | | |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 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 |

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 | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCELIN, JEAN F | 1.2 NAME | |
| STREET ADDRESS | 7027 COUPERIN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARCELIN, ROSE A | 2.2 NAME | |
| STREET ADDRESS | 7027 COUPERIN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JEAN-BAPTISTE, JEANETTE | 3.2 NAME | |
| STREET ADDRESS | 3052 N PINE HILLS RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARCELIN, JIMMY J | 4.2 NAME | D Launise Similien |
| STREET ADDRESS | 7027 COUPERIN BLVD | 4.3 STREET ADDRESS | 2654-Dorena Dr. |
| CITY-ST-ZIP | ORLANDO FL 32818 | 4.4 CITY-ST-ZIP | ORLANDO, FL. 32839 |
| TITLE | DT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOMPLAISIR, BONNET | 5.2 NAME | |
| STREET ADDRESS | 7016 HENNEPIN BLVD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32818 | 5.4 CITY-ST-ZIP | |
| TITLE | DS <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROCHE, ELTHA | 6.2 NAME | |
| STREET ADDRESS | 2840 N PINE HILLS RD., APT 211 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32808 | 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 REQUIRED 3/7/99 (407) 292-1454
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)