

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000205

1. Entity Name

SECOND HAITIAN CHURCH OF THE NAZARENE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90320 048 ****61.25

Principal Place of Business

Mailing Address

4960 OLD WINTER GARDEN RD
 ORLANDO FL 32811
 US

7027 COUPERIN BLVD
 ORLANDO FL 32818-5214
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3216769

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARCELIN, JEAN F
 7027 COUPERIN BLVD
 ORLANDO FL 32818

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

J. Marcelin
 SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-9-00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	MARCELIN, JEAN F	
STREET ADDRESS	7027 COUPERIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input checked="" 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	JEAN-BAPTISTE, JEANETTE	
STREET ADDRESS	3052 N PINE HILLS RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUNISE, SIMILIEN	
STREET ADDRESS	2654 DORENA DR	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOMPLAISIR, BONNET	
STREET ADDRESS	7016 HENNEPIN BLVD	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, ELTHA	
STREET ADDRESS	2840 N PINE HILLS RD., APT 211	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joël, OCCENAT	
STREET ADDRESS	5600 Silver Star Rd #135	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ms Laurent BIEN-AIME	
STREET ADDRESS	6163 Roxburg Ave	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean R, EDMOND	
STREET ADDRESS	5600 Silver Star Rd #135	
CITY-ST-ZIP	Orlando FL 32808	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean R, EDMOND*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00
 Date

(407) 297-4370
 Daytime Phone #

CR2E037 (9/99)