2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
02-20-2001 90071 040 ****61.25

DOCUMENT # N94000000205

1. Entity Name

SECOND HAITIAN CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
4960 OLD WINTER GARDEN RD ORLANDO FL 32811 US	7027 COUPERIN BLVD ORLANDO FL 32818 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
Zip / Country	Zip / Country

4. FEI Number 59-3216769 ☐ Applied For ☐ Not Applicable

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARCELIN, JEAN F 7027 COUPERIN BLVD ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOEL, OCCENAT 5600 SILVER STAR RD #135 ORLANDO FL 32808	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chrismene Philoty 5602 silver star RD Apt 632 Orlando FL 32808 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIEN-AIME, LAURENT 6163 ROXBURG AVE ORLANDO FL 32809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JEANNETTE, JEAN-BAPTISTE 2846 N PINE Hills Rd Apt. 118 ORLANDO, Fl 32808 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAUNISE, SIMILIEN 2654 DORENA DR ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GENER DORIAS 1993 Addeen villag CReek Apt. 207 Orlando Fl. ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MOMPLAISIR, BONNET 7016 HENNEPIN BLVD ORLANDO FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EDMOND, JEAN R 5600 SILVER STAR #135 ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EDMOND, JEAN R 4466 WestGrove WAY ORLANDO, Fl. 32808 ☐ Change ☐ Addition

CR2E037 (10/00)

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: SIGNATURE REQUIRED Jean R Kay 3-4-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #