


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 08 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002564 (0)**

1. Corporation Name  
**ASSOCIATION OF HAITIAN PASTORS AND CHURCHES OF THE NAZARENE INC.**

Principal Place of Business 806 NORTH DIXIE HWY LAKE WORTH FL 33460	Mailing Address 806 NORTH DIXIE HWY LAKE WORTH FL 33460
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 806 N. Dixie HWY Suite, Apt. #, etc. 22 Lakeworth City & State 23 LAKEWORTH, Florida Zip Country 24 33460 25 Palm 29 33169 30 Dade	2a. Mailing Address 26 35 N.W 193rd Terrace Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33169 30 Dade
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3. Date Incorporated or Qualified 05/06/1996	3a. Date of Last Report 1997
4. FEI Number 65-0684755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PIERRE, DELANOT REV.  
 806 NORTH DIXIE HWY  
 LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name Rev, Delanot Pierre
82 Street Address (P.O. Box Number is Not Acceptable)
83 35 N.W. 193rd Terrace
84 City Miami
85 Zip Code FL 33169

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 Delanot DATE 8/01/97

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE President	<input type="checkbox"/> DELETE
NAME Rev. Luc Pierre	
STREET ADDRESS 241-18 145St Rosedale N.Y.	
CITY-ST-ZIP 11422	
TITLE SECRETARY	<input type="checkbox"/> DELETE
NAME Rev. Dorsainvil Gracius	
STREET ADDRESS 608 North "K" Street	
CITY-ST-ZIP Lakeworth, Florida 33460	
TITLE Treasurer	<input type="checkbox"/> DELETE
NAME Rev. Delanot Pierre	
STREET ADDRESS 35 Northouest 193rd Street	
CITY-ST-ZIP Miami, Florida 33169	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Joel Sejour	
1.3 STREET ADDRESS 749 N.E 79th St. Miami, FL	
1.4 CITY-ST-ZIP 33138	
2.1 TITLE Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Pascal Permis	
2.3 STREET ADDRESS 15334 S.W. Osceoloa St	
2.4 CITY-ST-ZIP Indiantown FL 33956	
3.1 TITLE Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Jean D. Cidel	
3.3 STREET ADDRESS 1285 N.W. 101 St. MIAMI, FL	
3.4 CITY-ST-ZIP 33147	
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 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.

SIGNATURE SIGNATURE REQUIRED Delanot 8/01/97

CR2E037 (4/97)