

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002072

**Entity Name:** HAITIAN ASSOCIATION OF THE NAZARENE PASTORS & CHURCHES OF THE SOUTH FLORIDA DISTRICT, INC.**FILED**  
**Mar 30, 2023**  
**Secretary of State**  
**1176693759CC****Current Principal Place of Business:**151 SW KESTOR DR.  
PORT ST LUCIE, FL 34953**Current Mailing Address:**12321 SW 252 TER  
HOMESTEAD, FL 33032 US**FEI Number: APPLIED FOR****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DORSAINVIL, ERNSO P  
12321 SW 252 TER  
HOMESTEAD, FL 33032 US*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:** ERNSO DORSAINVIL**03/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DVC
Name	PERMIS, PASCAL
Address	15248 NW MYRTLE DRIVE
City-State-Zip:	INDIANTOWN FL 34956

Title	TREASURER
Name	JOSEPH, ISAAC
Address	4844 BLUE PINE CIR.
City-State-Zip:	LAKE WORTH FL 33463

Title	D
Name	SEJOUR, JOEL
Address	2001 NW 107 STREET
City-State-Zip:	MIAMI FL 33167

Title	PRESIDENT
Name	DORSAINVIL, ERNSO PRESIDENT
Address	12321 SW 252 TER
City-State-Zip:	MIAMI FL 33032

Title	COUNSELOR
Name	GRACIUS, DORSAINVIL
Address	806 N DIXIE HWY,
City-State-Zip:	LAKE WORTH FL 33460

Title	SECRETARY
Name	ANTOINE, BELOT
Address	2712 S 16TH ST
City-State-Zip:	FORT PIERCE FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ERNSO DORSAINVIL**PRESIDENT****03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date