

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N9400000205

**Entity Name:** SECOND HAITIAN CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

4970 OLD WINTER GARDEN RD  
ORLANDO, FL 32811

**Current Mailing Address:**

4970 OLD WINTER GARDEN RD  
ORLANDO, FL 32811 US

**FEI Number:** 59-3216769

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BEAUSSEJOUR, RUDE  
5508 WESTVIEW DR  
ORLANDO, FL 32810 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:** RUDE BEAUSSEJOUR

03/03/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SENIOR PASTOR  
Name BEAUSSEJOUR, RUDE  
Address 5508 WESTVIEW DRIVE  
City-State-Zip: ORLANDO FL 32810

Title SECRETARY  
Name GEFFRARD, BILYNE A  
Address 1427 FALCONWOOD CT  
City-State-Zip: APOPKA FL 32712

Title TREASURER  
Name ELYSEE, MILDA  
Address 2625 STALEY CT  
City-State-Zip: ORLANDO FL 32818

Title LEAD DEACON  
Name MARCELIN, ARLY  
Address 6626 MYAKKA DR..  
City-State-Zip: ORLANDO FL 32839

Title ASSISTANT TREASURER  
Name ROCHE, CATIA  
Address 321 LANCER OAKS DR  
City-State-Zip: APOPKA FL 32712

Title ADVISER  
Name DENEJOUR, MIRENE  
Address 590 PARKER LEE LOOP  
City-State-Zip: APOKA FL 32712

*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:** BILYNE A GEFFRARD

SECRETARY

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date