

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000205

**FILED  
Jul 12, 2016  
Secretary of State  
CC0147395659**

**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:**

P.O. BOX 585701  
ORLANDO, FL 32858 US

**FEI Number:** 59-3216769

**Certificate of Status Desired:** No

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

BEAUSSEJOUR, RUDE  
6712 WESTLAKE BLVD.  
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

07/12/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DP
Name	BEAUSSEJOUR, RUDE
Address	5508 WESTVIEW DRIVE
City-State-Zip:	ORLANDO FL 32810
Title	TREASURER
Name	DENEJOUR, MIRENE
Address	4970 OLD WINTER GARDEN RD
City-State-Zip:	ORLANDO FL 32811
Title	E
Name	OCCENAT, JOEL
Address	7311 SEENAT CT.
City-State-Zip:	ORLANDO FL 32835

Title	SECRETARY
Name	PIERRE, JOSEPH
Address	661 NICOLE MARIE ST
City-State-Zip:	APOPKA FL 32712
Title	A
Name	MARCELIN, ARLY
Address	6626 MYAKKA DR..
City-State-Zip:	ORLANDO FL 32839
Title	RETIRED PASTOR, OTHER
Name	MARCELIN, JEAN F
Address	4970 OLD WINTER GARDEN
City-State-Zip:	ORLANDO FL 32811

*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:** JOSEPH PIERRE

**SECRETARY**

07/12/2016

Electronic Signature of Signing Officer/Director Detail

Date