

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000205

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC4744209176**

**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:** Yes

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

MARCELIN, JEAN F  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title	DP	Title	SECRETARY
Name	MARCELIN, JEAN F	Name	ROCHE, ELTA L
Address	6712 WESTLAKE BLVD	Address	1865 TIGERWOOD CT
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	ORLANDO FL 32818
Title	TREASURER	Title	A
Name	BIEN-AIME, LUCIE	Name	MARCELIN, ARLY
Address	6163 ROXBURG AVENUE	Address	6626 MYAKKA DR..
City-State-Zip:	ORLANDO FL 32809	City-State-Zip:	ORLANDO FL 32839
Title	E	Title	ASST. PASTOR
Name	OCCENAT, JOEL	Name	BEAUSSEJOUR, RUDE
Address	7311 SEENAT CT.	Address	2612 ARPANA CT.
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32839

*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:** ELTA L. ROCHE

**SECRETARY**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date