2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008222

FILED Apr 28, 2008 Secretary of State

Entity Name: MELBOURNE FIRST HAITIAN CHURCH OF NAZARENE, INC.

urrent P	rincipal Place o	of Business:	New Prince	cipal Place of Business:
	BCOCK ST NE, FL 32901			ABCOCK ST RNE, FL 32901
Current Mailing Address:		New Maili	New Mailing Address:	
	RALIAN RD NW 7, FL 32907	1		
El Number:	37-1547797	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()
lame and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:
68 AUSTI	E, DEIBENOMI RALIAN RD NW ', FL 32907 I	u Us		
	named entity su of Florida.	ubmits this statement for the p	urpose of changing	its registered office or registered agent, or both
n the State	e of Florida. RE:			
the State	e of Florida. RE:	ubmits this statement for the p		its registered office or registered agent, or both
n the State	e of Florida. RE:	c Signature of Registered Age	nt	
the State	of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age ORS: Delete BENOMI N RD NW	nt	Date
n the State IGNATUF DFFICERS Itle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT P () [LAFRANCE, DEI] 468 AUSTRALIAN PALM BAY, FL 3	C Signature of Registered Age ORS: Delete BENOMI N RD NW 12907 Delete CLAIRE ALINE AVE NW	nt ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO
n the State FFICERS itle: ame: ddress: ity-St-Zip: ittle: ame: ddress:	Electronic AND DIRECT P () L LAFRANCE, DEII 468 AUSTRALIAN PALM BAY, FL 3 SECR () L SAINT HILAIRE, I 1245 CORNING PALM BAY, FL 3	© Signature of Registered Age ORS: Delete BENOMI N RD NW 12907 Delete CLAIRE ALINE AVE NW 12907 Delete DESE	nt ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition SECR (X) Change () Addition SAINT HILAIRE, CLAIRE ALINE 1245 CORNING AVE NW

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DEIBENOMI LAFRANCE P 04/28/2008