

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008222

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2745 S BABCOCK ST  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

468 AUSTRALIAN RD NW  
PALM BAY, FL 32907

**New Mailing Address:**

**FEI Number:** 37-1547797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAFRANCE, DEIBENOMI  
468 AUSTRALIAN RD NW  
PALM BAY, FL 32907 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAFRANCE, DEIBENOMI  
Address: 468 AUSTRALIAN RD NW  
City-St-Zip: PALM BAY, FL 32907

Title: SECR ( ) Delete  
Name: SAINT HILAIRE, CLAIRE ALINE  
Address: 1245 CORNING AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: TRES ( ) Delete  
Name: JEAN, MARLENE  
Address: 3040 TOUTON RD SE  
City-St-Zip: PALM BAY, FL 32909

Title: ASTR ( ) Delete  
Name: SAINT LOUIS, SAUVEUR  
Address: 1479 GLENCOVE AVE NW  
City-St-Zip: PALM BAY, FL 32909

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LAFRANCE, DEIBENOMI  
Address: 468 AUSTRALIAN RD NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: CHERELUS, ROSEMENE  
Address: 468 AUSTRALIAN RD NW  
City-St-Zip: PALM BAY, FL 32907

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date