

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

93 MAY -1 AM 11:55

DOCUMENT # N19336 (9)

1. Corporation Name

FIRST HAITIAN CHURCH OF THE NAZARENE OF LAKELAND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3003 S FLORIDA AVE STE 102 3003 S FLORIDA AVE STE 102
PO BOX 5600 PO BOX 5600
LAKELAND FL 33803 LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
02/19/1987 05/01/1994
4. FEI Number Applied For
59-0917278 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 4720 Cleveland Hts Blvd 26 P.O. Box 5680
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 (4720 Cleveland Hts Blvd)
City & State City & State
23 Lakeland, FL 28 Lakeland, FL
Zip Country Zip Country
24 33813 25 Polk 29 33813 30 Polk

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
NEREUS, DENNIS
303 W COLUMBIA AVE
#C
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONHOMME, SERGE AMOS	12 NAME	Bonhomme, Serge Amos
STREET ADDRESS	1041 DOLLY LANE	13 STREET ADDRESS	2419 Shortleaf Court
CITY- ST- ZIP	LAKELAND- FL	14 CITY- ST- ZIP	Orlando, FL 32818
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEREUS, DENIS	22 NAME	
STREET ADDRESS	303 W COLUMBIA AVE #C	23 STREET ADDRESS	
CITY- ST- ZIP	KISSIMMEE FL	24 CITY- ST- ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMME, ARSENE, PETIT	32 NAME	
STREET ADDRESS	228 HILLSIDE DR	33 STREET ADDRESS	
CITY- ST- ZIP	LAKELAND FL	34 CITY- ST- ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dennis Nereus 4/24/95 407-294-7374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Filing Fee)