

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 19 1996 8:00 am
Secretary of State

DOCUMENT # N19336 (9)
1. Corporation Name
FIRST HAITIAN CHURCH OF THE NAZARENE OF LAKELAND, INC.



Principal Place of Business: **4720 CLEVELAND HEIGHTS BLVD LAKELAND FL 33813 US**
Mailing Address: **4720 CLEVELAND HEIGHTS BLVD P O BOX 5680 LAKELAND FL 33813 US**

3. Date Incorporated or Qualified: **02/19/1987**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **610 N. Martin Luther King, Jr. Ave. P.O. Box 3835**
2a. Mailing Address: **Ave. P.O. Box 3835**
21. City & State: **Lakeland, FL**
22. City & State: **Lakeland, FL**
23. Zip: **FL Polk 33805-3835**
24. Zip: **FL Polk 33805-3835**

4. FEI Number: **59-0917278**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
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 KISSIMEE FL 34741**
10. Name and Address of New Registered Agent: **81 Name Joachim Pierre 82 Street Address (P.O. Box Number is Not Acceptable) 927 North Iowa Avenue 83 Apartment 11-B 84 City Lakeland, FL 85 Zip Code 33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Joachim Pierre* **Joachim Pierre** **April 12, 1996**
(NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BONHOMME, SERGE AMOS <input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BONHOMME, SERGE AMOS		1.2 NAME: Joachim Pierre	
STREET ADDRESS: 2419 SHORTLEAF COURT		1.3 STREET ADDRESS: 927 No. Iowa Avenue	
CITY-ST-ZIP: ORLANDO FL		1.4 CITY-ST-ZIP: Lakeland, FL 33801	
TITLE: D	NEREUS, DENIS <input checked="" type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: NEREUS, DENIS		2.2 NAME: Desir Faustin	
STREET ADDRESS: 303 W COLUMBIA AVE #C		2.3 STREET ADDRESS: 1019 Milner Drive	
CITY-ST-ZIP: KISSIMEE FL		2.4 CITY-ST-ZIP: Lakeland, FL 33805	
TITLE: D	HOMME, ARSENE, PETIT <input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HOMME, ARSENE, PETIT		3.2 NAME:	
STREET ADDRESS: 226 HILLSIDE DR		3.3 STREET ADDRESS:	
CITY-ST-ZIP: LAKELAND FL		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 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: *Joachim Pierre* **April 12, 1996** **941-682-7647**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)