FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #
1. Corporation Name

N19336

(9)

FIRST HAITIAN CHURCH OF THE NAZARENE OF LAKELAND , INC.

Principal Place of Business Mailing Address 610 N MARTIN LUTHER KING PO BOX 3835 LAKELAND FL 33813 LAKELAND FL 33805-3835

rincipal Place of Business	2a. Mailing Address	_
	26	
uite, Apt. #, etc.	Suite, Apt. #, etc.	_
	27	
ity & State	City & State	

3		28
Zlp	Country	Zip
7	20	

9. Name and Address of Current Registered Agent

REV	JOAC	HIM	PIER	RE
936	BUTTE	RCU	P D	R
LAK	ELAND	FL S	3380	1

FILED Apr 27 1998 8:00am Secretary of State



Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

	168 🗀 160
untr	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
1	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

7. Is this nonprofit corporation a homeowners association?

3. Date Incorporated or Qualified

02/19/1987

59-0917278

5. Certificate of Status Desired

6. Election Campaign Financing **Trust Fund Contribution**

4. FEI Number

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.

Co 30

SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICERS AND DIREC			
TITLE	PD	☐ DELETE	1.1 THTLE	☐ Cha	nge		
NAME	PIERRE, JOACHIM		1.2 NAME				
STREET ADDRESS	927 NO IOWA AVE APT 11-B		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1.4 CITY - ST - ZIP				
TITLE	D	■ DELETE	2.1 TITLE	MADIE A FRMILCH Che	nge 🔲 Addition		
NAME	FAUSTIN, DESIR		2.2 NAME	MARIE A. ERMILEA Che 512 LUMHENOLIA STILLET LAKELANI FL. 33801			
STREET ADDRESS	1019 MILNER DRIVE		2.3 STREET ADDRESS	317 William 3000 A			
CITY-ST-ZIP	LAKELAND FL		2. 4 CITY-ST-ZIP	LAKELAND FL. 33801			
TITLE	D	DELETE	3.1 TITLE	☐ Cha	nge 🔲 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		DELETE	4.1 TITLE	☐ Cha	nge 🔲 Addition		
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE	_	DELETE	5.1 TITLE	☐ Cha	nge 🔲 Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	Cha	nge 🔲 Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

1191:01/19 X/ 14