


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90019 028 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19336**

1. Corporation Name

**FIRST HAITIAN CHURCH OF THE NAZARENE OF LAKE LAND, INC.**

Principal Place of Business

610 N MARTIN LUTHER KING  
 LAKE LAND FL 33813  
 US

Mailing Address

PO BOX 3835  
 LAKE LAND FL 33805-3835  
 US *33802-3835*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1987	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	
				59-0917278	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
24. Zip		29. Zip		8. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
REV JOACHIM PIERRE 936 BUTTERCUP DR LAKE LAND FL 33801				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERRE, JOACHIM			1.2 NAME			
STREET ADDRESS	927 NO IOWA AVE APT 11-B			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE LAND FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	Church Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAUSTIN, DESIR			2.2 NAME	Ercilia P. Agenor		
STREET ADDRESS	1019 MILNER DRIVE			2.3 STREET ADDRESS	824 Intertake Drive		
CITY-ST-ZIP	LAKE LAND FL			2.4 CITY-ST-ZIP	LAKE LAND, FL 33801		
TITLE	D	<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	LAKE LAND FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ERMILCA, MARIE A			4.2 NAME			
STREET ADDRESS	512 W MAGNOLIA STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE LAND FL 33801			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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Ercilia P. Agenor* 3/18/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: \_\_\_\_\_  
 (941) 665-5904

CR2E037 (1/98)