
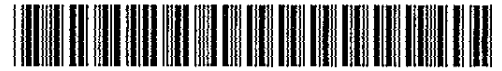


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N19336 1. Entity Name FIRST HAITIAN CHURCH OF THE NAZARENE OF LAKELAND, INC.	
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Principal Place of Business 610 N MARTIN LUTHER KING LAKELAND, FL 33801 US	Mailing Address 150 WEST 14TH STREET SUITE 224 LAKELAND, FL 33805 US
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01092006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0917278	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DENNIS, LARRY D  
4720 CLEVELAND HEIGHTS BLVD  
LAKELAND, FL 33813

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000530961  
05/05/06-80020-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORESCAR, GEORGES 150 WEST 14TH STREET SUITE 224 LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERMILCA, MARIE A 2828 KATHERINE AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHINAUD, JEAN PIERRE 1621 SPARROW LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGES F DORESCAR *GDorescar* 4/24/06 (863)686-0561  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #