

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000001647 (7)**

1. Corporation Name

EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

15334 SW OSLEOLAST
INDIANTOWN FL 34956
US

P.O. BOX 747
INDIANTOWN FL 34956
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1993	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0408145	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt #, etc	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt #, etc	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent

**PERMIS, PASCAL
15125 S.W. SEMINOLE DR.
INDIANTOWN FL 34956**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 _____
Signature typed or printed name of registered agent and the corporation (207)(1) Registered Agent (signature not used when registering) (541)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PERMIS, PASCAL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15125 S.W. SEMINOLE DR	CITY- ST- ZIP INDIANTOWN FL 34956	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY- ST- ZIP	
TITLE D	NAME EXANTUS, MIREILLE	2.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15155 FOX STREET	CITY- ST- ZIP INDIANTOWN FL 34956	2.2 NAME VENESE PIERRE (Secretary)	
		2.3 STREET ADDRESS 14955 S.W. Seminole DR.	
		2.4 CITY- ST- ZIP Indian town, FL 34956	
TITLE D	NAME EXANTUS, GILBERT	3.1 TITLE MEMBRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15155 FOX STREET	CITY- ST- ZIP INDIANTOWN FL 34956	3.2 NAME BELANGE SUCCES	
		3.3 STREET ADDRESS 14796 S.W. 174 Ct.	
		3.4 CITY- ST- ZIP Indian town, FL 34956	
TITLE D	NAME PIERRE, GERTHA	4.1 TITLE MEMBRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15443 OSCEOLA ST.	CITY- ST- ZIP INDIANTOWN FL 34956	4.2 NAME MAGLOINA PIERRE	
		4.3 STREET ADDRESS 15125 S.W. Seminole Dr.	
		4.4 CITY- ST- ZIP INDIANTOWN, FL 34956	
TITLE D	NAME PERMIS, MICHELINE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 15125 S.W. SEMINOLE DR	CITY- ST- ZIP INDIANTOWN FL 34956	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
TITLE V	NAME ALEXIS, ALTIDAS	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS P O BOX 1249	CITY- ST- ZIP INDIANTOWN FL 34956	6.2 NAME TOUSSAINT, LOUIGENE	
		6.3 STREET ADDRESS 16740 SW 170th Ave	
		6.4 CITY- ST- ZIP INDIANTOWN, FL 34956	

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 110.07(3)(b), 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: *Pascal Permis (Director, Pastor)* 4/30/95 (407) 597-3831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR