

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

DOCUMENT # N93000001647 (7)

1. Corporation Name
EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.



Principal Place of Business: 15334 SW OSLEOLAST INDIANTOWN FL 34956 US
Mailing Address: P.O. BOX 747 INDIANTOWN FL 34956 US

3. Date Incorporated or Qualified: 04/13/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields.

4. FEI Number: 65-0408145
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
**PERMIS, PASCAL
15125 S.W. SEMINOLE DR.
INDIANTOWN FL 34956**

10. Name and Address of New Registered Agent (B1-B5) fields.

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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERMIS, PASCAL	
STREET ADDRESS	15125 S.W. SEMINOLE DR	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIERRE, VENESE	
STREET ADDRESS	14955 SW SEMINOLE DR	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SULLES, BELANGE	
STREET ADDRESS	14796 SW 174 CT	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	PIERRE, MAGOINA	
STREET ADDRESS	15125 SW SEMINOLE DR	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERMIS, MICHELINE	
STREET ADDRESS	15125 S.W. SEMINOLE DR	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, LUCENE	
STREET ADDRESS	16740 SW 172ND AVE	
CITY-ST-ZIP	INDIANTOWN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Pascal Permis* PASCAL PERMIS 4/27/96 (107) 592-2531

CR2E037 (12/95)