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Jun 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Northam  
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 34958 US  
Mailing Address: P.O. BOX 747 INDIANTOWN FL 34956-0747 US

3. Date Incorporated or Qualified: 04/13/1993  
3a. Date of Last Report: 04/29/1996  
4. FEI Number: 65-0408145  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
PERMIS, PASCAL  
16125 SW SEMINOLE DR. INDIANTOWN FL 34958  
*152 48 S.W MYRTLE DR.*

10. Name and Address of New Registered Agent  
31 Name: PASCAL PERMIS  
32 Street Address (P.O. Box Number is Not Acceptable):  
33 152 48 S.W Myrtle Dr.  
34 City: Indiantown FL 35 Zip Code: 34956

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: *Pascal Permis*  
Signature, typed or printed name of registered agent and title if applicable (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	PERMIS, PASCAL	1.2 NAME	
STREET ADDRESS	15125 S.W. SEMINOLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL 34958	1.4 CITY-ST-ZIP	
TITLE	\$ <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, VENESE	2.2 NAME	
STREET ADDRESS	14955 SW SEMINOLE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	MICHELINE PERMIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCLES, BELANGE	3.2 NAME	
STREET ADDRESS	14798 SW 174 CT	3.3 STREET ADDRESS	152 48 S.W MYRTLE DR.
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CHANGLAIRE ALCENAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, MAGOINA	4.2 NAME	
STREET ADDRESS	15125 SW SEMINOLE DR	4.3 STREET ADDRESS	PO BOX 747
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	CHANGLAIRE ALCENAT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERMIS, MICHELINE <i>Change of address</i>	5.2 NAME	
STREET ADDRESS	15125 S.W. SEMINOLE DR <i>152 48 S.W Myrtle Dr.</i>	5.3 STREET ADDRESS	8697 SE CINDY LANE
CITY-ST-ZIP	INDIANTOWN FL 34958	5.4 CITY-ST-ZIP	MOBE SOUND, FL 33455
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	STOUSSAINT, DAVID <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUSSAINT, LOUCENE	6.2 NAME	
STREET ADDRESS	18740 SW 172ND AVE	6.3 STREET ADDRESS	16740 S.W 172nd Ave
CITY-ST-ZIP	INDIANTOWN FL	6.4 CITY-ST-ZIP	INDIANTOWN, FL 34956

14. I do 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.

CR2E037 (9/96)