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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

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

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

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                     | 1.1 TITLE   |                              |
| 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                      | S                      | 2.1 TITLE   |                              |
| 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                      | 3.1 TITLE   | MICHELINE PERMIS             |
| NAME                       | LUCES, SUGLES, BELANGE | 3.2 NAME  | <i>152 48 S.W MYRTLE DR.</i> |
| STREET ADDRESS             | 14798 SW 174 CT        | 3.3 STREET ADDRESS                                    | INDIANTOWN, FL 34956         |
| CITY-ST-ZIP                | INDIANTOWN FL          | 3.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | M                      | 4.1 TITLE   | CHANGLAIRE ALCENAT           |
| NAME                       | PIERRE, MAGOINA        | 4.2 NAME  | <i>PO BOX 747</i>            |
| STREET ADDRESS             | 15125 SW SEMINOLE DR   | 4.3 STREET ADDRESS                                    | INDIANTOWN, FL 34956         |
| CITY-ST-ZIP                | INDIANTOWN FL          | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D                      | 5.1 TITLE   | CHANGLAIRE ALCENAT           |
| NAME                       | PERMIS, MICHELINE      | 5.2 NAME  | <i>8697 SE CINDY LANE</i>    |
| STREET ADDRESS             | 15125 S.W. SEMINOLE DR | 5.3 STREET ADDRESS                                    | MOBE SOUND, FL 334555        |
| CITY-ST-ZIP                | INDIANTOWN FL 34958    | 5.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | D                      | 6.1 TITLE   | STOUSSAINT, DAVID            |
| NAME                       | TOUSSAINT, LOUCENE     | 6.2 NAME  | <i>16740 S.W 172nd Ave</i>   |
| STREET ADDRESS             | 18740 SW 172ND AVE     | 6.3 STREET ADDRESS                                    | INDIANTOWN, FL 34956         |
| CITY-ST-ZIP                | INDIANTOWN FL          | 6.4 CITY-ST-ZIP                                       |                              |

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)