

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000001647 (7)**  
1. Corporation Name  
**EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.**



Principal Place of Business <b>15334 SW OSLEOLAST INDIANTOWN FL 34956 US</b>	Mailing Address <b>P.O. BOX 747 INDIANTOWN FL 34956 US</b>
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3. Date Incorporated or Qualified <b>04/13/1993</b>	
4. FEI Number <b>65-0408145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

**PERMIS, PASCAL  
15248 SW MYRTLE 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

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

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERMIS, PASCAL	
STREET ADDRESS	<del>16425 S.W. SEMINOLE DR</del> 15248 SW MYRTLE DR.	
CITY-ST-ZIP	INDIANTOWN FL 34956	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, VENESE	
STREET ADDRESS	14955 SW SEMINOLE DR	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUCCES, BELANGE	
STREET ADDRESS	<del>14796 SW 174th</del> 5725 S.W. INEZ AVE	
CITY-ST-ZIP	INDIANTOWN FL Stuart, FL 34997	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALCENAT, CHANGLAIRE	
STREET ADDRESS	8097 SE CINDY LANE	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERMIS, MICHELINE	
STREET ADDRESS	15248 SW MYRTLE DR	
CITY-ST-ZIP	INDIANTOWN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, DAVID	
STREET ADDRESS	16740 SW 172ND AVE	
CITY-ST-ZIP	INDIANTOWN FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	S	Magalie Pierre	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		15248 S.W. MYRTLE DR	
1.3 STREET ADDRESS		INDIANTOWN, FL 34956	
1.4 CITY-ST-ZIP			
2.1 TITLE	S	<del>Celia William</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		P.O. BOX 747	
2.3 STREET ADDRESS		INDIANTOWN, FL 34956	
2.4 CITY-ST-ZIP			
3.1 TITLE		CELIA William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		14826 S.W. 169th Dr	
3.3 STREET ADDRESS		INDIANTOWN, FL 34956	
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 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ PASCAL PERMIS 1/16/98 (411) 597-3831

CR2E037 (10/97)