


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90081 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001647

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		04/13/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
				65-0408145	
23 City & State		28 City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing	
25 Country		30 Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PERMIS, PASCAL 15248 SW MYRTLE DR INDIANTOWN FL 34956				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
		FL		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

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, MAGALIE	1.2 NAME	
STREET ADDRESS	15248 SW MYRTLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL 34956	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE, VENESE	2.2 NAME	Celia William Secretary
STREET ADDRESS	14955 SW SEMINOLE DR	2.3 STREET ADDRESS	14826 S.W. 169th Dr
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	INDIANTOWN, FL 34956
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCES, BELANGE	3.2 NAME	
STREET ADDRESS	5725 SW INEZ AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCENAT, CHANGLAIRE	4.2 NAME	
STREET ADDRESS	8697 SE CINDY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERMIS, MICHELINE	5.2 NAME	
STREET ADDRESS	15248 SW MYRTLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOUSSAINT, DAVID	6.2 NAME	
STREET ADDRESS	18740 SW 172ND AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANTOWN FL	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; that 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, with all other like empowered.

SIGNATURE:

Casual Bernice
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/99

(561) 597-3831

Casual Bernice

5/21/99

CR2E037 (1/798)