

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00 ^{4-19-95 3-3922} **APPROVED AND FILED**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Monham
Secretary of State
DIVISION OF CORPORATIONS



95 APR 19 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003578 (1)
1. Corporation Name
PHILADELPHIA CHURCH OF THE NAZARENE, INC.

Principal Place of Business Mailing Address

5784 ARUBA WAY 5784 ARUBA WAY
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/20/1994

4. FEI Number Applied For / Not Applicable
65-0518412

2. Principal Place of Business 2a. Mailing Address

21 **1525 BROADWAY** 26 **339 Foresta Terrace**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Riviera Beach** 27
City & State City & State

23 **Riviera Beach, FL** 28 **West Palm Beach, FL**
City & State City & State

24 **33404** 25 **Palm Beach** 29 **33415-2611** 30 **Palm Beach**
Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

PHILOGENE, JEAN E
5784 ARUBA WAY
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name **PHILOGENE JEAN-EMMANUEL**

82 Street Address (P.O. Box Number is Not Acceptable) **339 FORESTA TERRACE**

83 **WEST PALM BEACH**

84 City **West PALM BEACH** 85 Zip Code **FL 33415**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Philogene, Jean-Emmanuel - PASTOR* DATE: **4-13-95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHILOGENE, JEAN E
STREET ADDRESS	1707 HAVANA ST
CITY - ST - ZIP	FT PIERCE FL 34950
TITLE	D
NAME	LEJEUNE, MOISE
STREET ADDRESS	930 LAUREL DR
CITY - ST - ZIP	LAKE PARK FL 33403
TITLE	D
NAME	LOUIS, SERGE
STREET ADDRESS	100 NOTHINGHAM CIR
CITY - ST - ZIP	GREEN ACRES FL 33438
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Philogene, Jean-Emmanuel
13 STREET ADDRESS	339 Foresta Terrace
14 CITY - ST - ZIP	West Palm Beach FL 33415
21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LEJEUNE, MOISE
23 STREET ADDRESS	1220 3rd Street
24 CITY - ST - ZIP	Lake Park FL 33403
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Philogene, Jean-Emmanuel* **PHILOGENE, JEAN-EMMANUEL** DATE: **4-13-95** (407) 683-2736