FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400003578 (1)
1. Corporation Name

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JEAN-EMMANUEL Philogene Consideration of Signature and Typed or Printed Name of Significant or Director

PHILADELPHIA CHURCH OF THE NAZARENE, INC.

Suite, Apt. #, etc.						<u></u> 1 FOO(1101 DIQ 18141 DIQ16 DQ(61 DQ7)4 Q	IP. 2011 2210 1310 1310 111 1201	4 1000 HOLD
## ST PALIN BEACH FL 33415 ##	Principal Place of Business Mailing Address					***************************************		101-1001
US 2. Principal Place of Business A Service 1 26 2. Principal Place of Business A Service 1 26 2. Principal Place of Business A Service 1 26 2. Principal Place of Business A Service 1 26 2. Principal Place of Business A Service 1 26 2. Supply Service 1 27 2. Supply Service 2 27 2. Supp								
2. Principal Paces of Business M. Street 2. Mailing Address 2. Mailing Address 3. Street No. 1997 1995 1995 1995 1995 1995 1995 1995				L 33415				
Suite, Apt. 4; etc. 27 Suite, Apt. 4; etc. 5. Certificate of Status Desired \$8.75 Additional Fee Regulated \$8.75 Additio			00			3. Date Incorporated or Qualified 07/20/1994		
Suite, Apt. 4; etc. 27 Suite, Apt. 4; etc. 5. Certificate of Status Desired \$8.75 Additional Fee Regulated \$8.75 Additio	Principal Place of Business 2a. Mailing Address					4. FEI Number	Applie	ed For
Suite, Apt. 4, etc. Suite	21 1433	West J-Street	+		65-05 184 12 Not Applicable		Applicable	
Compared State Country State Country State Country State Country State Country State Country State		#, etc.			5. Certificate of Status Desired	1 1 7		
Trust Fund Contribution Acade to Fees Added to Fees Ad							Fee Requ	
20 Country 20 So So So So So So So S		~ ~ / - - -	<u> </u>		, ,			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 burnging its 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, 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 SCRATURE 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 burnging its registered agent. I am SCRATURE 12. OFFICERS AND DIRECTORS. 13. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 14. DEFINITION OFFICERS AND DIRECTORS IN 12. 15. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 16. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 17. LEVINGE. 18. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 18. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 19. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 19. AUX FIGURES OFFICERS AND DIRECTORS IN 12. 10. AUX FIGURES OFFICERS OFFICERS AND DIRECTORS IN 12. 10. AUX FIGURES		Country Country	• • • • • • • • • • • • • • • • • • • 	Countr			Added to I	· · ·
PHILOGENE, JEAN-EMMANUEL 339 FORESTA TERR WEST PALM BEACH FL 33415 11. President to this provisions of Section 817 0000 and 617 1500. Flored Statutus, the above named corporation submits this statement for the propose of changing its registered office for the provisions of Section 817 0000 and 617 1500. Flored Statutus, the above named corporation submits this statement for the propose of changing its registered office for the propose of the collegations of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the provisions of Section 817 0000 and 818 tatutus. Signature the section 818 tatutus. Signature the section 818 tatutus. D.	24 3340	14 25 Meda 28 115	<u> </u>					
PHILOGENE, JEAN-EMMANUEL 339 FORESTA TERR WEST PALM BEACH FL 33415 84			<u> </u>	1001				
339 FORESTA TERR WEST PALM BEACH FL 33415 84 Otty FL 85 ZIP Code 11. Pursuant to their provisions of Sections 617,0002 and 617,1508, Florida Statutas, the activate comporation submits this statement for the purpose of changing its registered digital control of c				81	Name		<u> </u>	
### Addition ##	PHILOGE	ENE, JEAN-EMMANUEL		0.0	Ctroot Add	lana (D.O. Bay Number in Mat Assestable		
11. Pursuant to the provisions of Sections 617,0902 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered affect 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, Science fishatous, Florida Statutes. SGNATURE Synutic hood or critici name of registered agent and their argivative in the purpose of changing its registered offer corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Science fishatous, Florida Statutes, the above-named corporation is above of directors. I hereby accept the appointment as registered after a general and accept the appointment as registered after a general accept the appointment as registered after an appointment as registered after a general accept the appointment as registered after a general accept to the corporation's board of directors. I hereby accept the appointment as registered after a general accept and the appointment as registered after a general accept and the appointment accept and accept and accept and accept and accept and accept a general accept and accept and accept				84	Street Add	ress (P.O. Box Number is Not Acceptable)	
In Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-ramed corporation submits this statement for the purpose of changing its registered digent, or both, in the State of Fiorida. 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 617,0502. Florida Statutes. SGNATURE	WEST PA	ALM BEACH FL 33415		83				
In Pursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statutes, the above-ramed corporation submits this statement for the purpose of changing its registered digent, or both, in the State of Fiorida. 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 617,0502. Florida Statutes. SGNATURE				-				
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 disprint and terminal with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADD TRONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADD TRONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADD TRONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THE PHILOGENE, JEAN-EMMANUEL 339 FORESTA TERR WEST PALM BEACH FL 1 ADD STREET ADDRESS DITY-ST-2P TITLE LEIEURE, MOISE 120 THIRD ST 120 DELETE 10 DIRECT ADDRESS DITY-ST-2P LOUIS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 13 SIRECT ADDRESS DITY-ST-2P TITLE NAME STREET ADDRESS DITY-ST-2P TITLE NAME STREET ADDRESS DITY-ST-2P TITLE NAME STREET ADDRESS DITY-ST-2P TITLE NAME STREET ADDRESS DITY-ST-2P TITLE NAME STREET ADDRESS DELETE 10 DELETE 11 TITLE 12 DELETE 13 TITLE 14 DAMAE 13 SIRECT ADDRESS DELETE 14 SIRECT ADDRESS DELETE 15 STREET ADD				84	City		FI 85 Zip Cox	de
or registered agent, or both, in the State of Fonda Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of Section 617 0505, Florida Statutes. SGNATURE SWUNDER Speak or profited name of registered agent and their applicative. DELETE OFFICERS AND DIRECTORS 13. AUCHONS/C-LANGES TO OFFICERS AND DIRECTORS IN 17. TITLE PHILOGENE, JEAN-EMMANUEL 339 FORESTA TERR WEST PALM BEACH FL 14 DIV-ST-7P LEJEUNE, MOISE 122 MME UP-ST-7P LEJEUNE, MOISE 122 MME UP-ST-7P LEJEUNE, MOISE 122 MME UP-ST-7P LOUS, SERGE 1200 DELETE 131 MLE UP-ST-7P LOUS SERGE 1200 DELETE 131	11. Pursuant t	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statut	tes, the above	named corpo	ration submits this statement for the purp	ose of changing its registe	ered office
SQNATURE SQNature boad or protect agent and time in agent and	or register	red agent, or both, in the State of Florida	a. Such change was authoriz	zed by the con	poration's boa	ard of directors. I hereby accept the appoi	ntment as régistered ager	nt. I am
12.		in, and doodprine deligations of deem	TOTALOGOO, Florida Sidiato	.				
TITLE		Signature, typed or printed name of registered agent a	nd title if applicance (NC	OTE Registered Age	nt signature require	ed when reinstating;	DATE	
PHILOGENE, JEAN-EMMANUEL 33 FORESTA TERR WEST PALM BEACH FL D LEJEUNE, MOISE 120 THIRD ST LAKE PARK FL 2 SINSET ADDRESS OTV- ST-ZPP LOUIS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 OTV- ST-ZPP NAME SIREET ADDRESS OTV- ST-ZPP STILE OELETE STITLE OELETE STI	12.		DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS II	N 12
STREET ADDRESS CITY-SI-ZIP WEST PALM BEACH FL	TITLE	-		1.1 TITLE			☐ Change ☐	Addition
WEST PALM BEACH FL ITILE D DELETE TITLE LAKE PARK FL D DELETE Addition NAME LOUYS, ST-ZPP LOUS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 CITY-ST-ZPP TITLE DELETE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 4 TITLE 5 TITLE 6 TO DELETE 3 STREET ADDRESS CITY-ST-ZPP TITLE DELETE 4 TITLE 4 TITLE 4 TITLE 5 TITLE 5 TITLE 6 TO DELETE 4 TITLE 6 TO DELETE 5 TITLE 6 TO DELETE 6 TITLE 6 TO DELETE 6 TITLE 6 TITLE 6 TO DELETE 6 TITLE 6 TO MAME 5 STREET ADDRESS 6 TITLE 6 TO MAME 5 STREET ADDRESS 6 TITLE 6 TO MAME 7 TO MAME 8 TO MAME 9 TO	NAME		•	1.2 NAME				
THE LEJEUNE, MOISE 1220 THIRD ST 1220 THIRD ST 1220 THIRD ST 124KE PARK FL 120 TOURS, SERGE 100 NOTHINGHAM CIR STREET ADDRESS 107Y-ST-2/P 10 NOTHINGHAM CIR STREET ADDRESS 10 NOTHINGHAM CIR STREET AD	STREET ADDRESS			1.3 STREE	f address			
NAME LEJEUNE, MOISE STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 21 STREET ADDRESS CITY-ST-ZIP LOUIS, SERGE LOUIS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 31 STREET ADDRESS CITY-ST-ZIP TITLE QCHAME Addition NAME LOUIS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 34 CITY-ST-ZIP TITLE QCHAME AS STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE QCHAME STREET ADDRESS CITY-ST-ZIP T	CITY - ST - ZIP			1.4 CiTY -	ST - ZIP			
STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 2 3 STREET ADDRESS CITY-ST-ZIP TITLE D LOUIS, SERGE 100 NOTHINGHAM CIR GREEN ACRES FL 33436 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE DELETE 51 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE 52 NAME 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 53 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE FOR ADDRESS CITY-ST-ZIP TITLE DELETE FOR ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE DELETE 61 TITLE DELETE 61 TITLE DELETE FOR ADDRESS FOR ADDRE	TITLE	_	DELETE	21 TITLE			☐ Change ☐	Addition
LAKE PARK FL	NAME	•		2 2 NAME				
TITLE DUST, SERGE 100 NOTHINGHAM CIR 32 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE DELETE 51 TITLE CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE CHANGE ADDRESS CHANGE ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE CHANGE ADDRESS CHANGE	STREET ADDRESS	i .		2 3 STREE	I ADDRESS			
NAME STREET ADDRESS OTY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE ODELETE ALCITY- ST-ZIP TITLE ODELETE ALCITY- ST-ZIP TITLE ODELETE ALCITY- ST-ZIP TITLE ODELETE ALCITY- ST-ZIP TITLE ODELETE STREET ADDRESS CITY- ST-ZIP TITLE ODELETE STREET ADDRESS OTHER TADDRESS	CITY-ST-ZIP	_		2 4 CITY -	ST-ZIP			
STREET ADDRESS CITY - ST - ZIP TITLE	TITLE		☐ DELÉTE	3.1 TITLE			Change 🗀	Addition
STREET ADDRESS SA CITY - ST - ZIP	NAME			3 2 NAME				
TITLE DELETE 4.1 TITLE 4.1 TITLE 4.1 TITLE 5.1 Addition NAME STREET ADDRESS 6.1 A 2 NAME STREET ADDRESS 6.1 A 2 NAME STREET ADDRESS 6.1 TITLE 6.1 Addition NAME 5.2 NAME STREET ADDRESS 6.1 STREET ADDR	STREET ADDRESS			3 3 STREE	I ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE CITY-ST-ZIP 5 2 NAME STREET ADDRESS CITY-ST-ZIP 5 3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE 6 2 NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE 6 2 NAME STREET ADDRESS CITY-ST-ZIP 16 4 CITY-ST-ZIP 17 E 16 2 NAME 16 2 NAME 16 2 NAME 16 3 STREET ADDRESS CITY-ST-ZIP 16 4 CITY-ST-ZIP 17 E 18 C Change Addition 18	DITY-ST-ZIP	GREEN ACRES FL 33436		3 4. CITY -	ST-ZIP			
STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ITILE DELETE 51 TITLE 52 NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 55 CITY-ST-ZIP TITLE DELETE 61 TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 61 TITLE 62 NAME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 65 CAMME STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 65 CAMME STREET ADDRESS CITY-ST-ZIP 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	TITLE		DELETE	4.1 TITLE			☐ Change ☐	Addition
A4 CITY-ST-ZIP	NAME			4 2 NAME				
TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STREE</td> <td>T ADDRESS</td> <td></td> <td></td> <td></td>	STREET ADDRESS			4.3 STREE	T ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP S1 CONTROL STREET ADDRESS CITY-ST-ZIP S1 CONTROL S1 CO	City-St-2iP			4.4 CITY -	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP 1TILE 16 1 TILE 16 2 NAME 16 2 NAME 16 2 NAME 16 3 STREET ADDRESS 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	TITLE		□DELÉTE	5 1 TITLE			Change	Addition
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 61 TITLE 61 TITLE 62 NAME 62 NAME 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP 65 CITY-ST-ZIP 65 CITY-ST-ZIP 66 CITY-ST-ZIP 66 CITY-ST-ZIP 67 CITY-ST-ZIP								
TITLE DELETE 61 TITLE 62 NAME NAME 62 NAME STREET ADDRESS CITY-ST-ZIP 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	STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further			- The see		ST-ZIP			
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further			∐DELETE				∐ Change	J Addition
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				6.2 NAME				
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	STREET ADDRESS			6.3 STREE	TADORESS			
14. Go nereby certify that the information supplied with this filling is voluntarily furnished and does not quality 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 lenal effect as if made under			AL ALIC ENGLISH TO A STORY			C 10.1	104) 5	,
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	certify that	t the information indicated on this annua	I report or supplemental ann	nual report is tr	ue and accura	ate and that my signature shall have the sa	ame legal effect as if mad	le under