


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002564 (0)**

1. Corporation Name

ASSOCIATION OF HAITIAN PASTORS AND CHURCHES OF THE NAZARENE INC.

Principal Place of Business

Mailing Address

**806 NORTH DIXIE HWY
LAKE WORTH FL 33460**

**806 NORTH DIXIE HWY
LAKE WORTH FL 33460**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1996

3a. Date of Last Report

1997

2. Principal Place of Business

21 806 N. Dixie HWY

2a. Mailing Address

26 35 N.W 193rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Lakeworth

Suite, Apt. #, etc.

27

City & State

City & State

23 LAKEWORTH, Florida

28 Miami, FL

Zip

Country

Zip

Country

24 33460

25 Palm

29 33169

30 Dade

4. FEI Number

65-0684755

Applied For

☐ Not Applicable

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PIERRE, DELANOT REV.
806 NORTH DIXIE HWY
LAKE WORTH FL 33460**

10. Name and Address of New Registered Agent

81 Name Rev, Delanot Pierre

82 Street Address (P.O. Box Number is Not Acceptable)

83 35 N.W. 193rd Terrace

84 City Miami

85 Zip Code FL 33169

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]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/01/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **President**

STREET ADDRESS **Rev. Luc Pierre**

CITY-ST-ZIP **241-18 145th St Rosedale N.Y. 11422**

TITLE ☐ DELETE

NAME **SECRETARY**

STREET ADDRESS **Rev. Dorsainvil Gracius**

CITY-ST-ZIP **608 North "K" Street**

Lakeworth, Florida 33460

TITLE ☐ DELETE

NAME **Treasurer**

STREET ADDRESS **Rev. Delanot Pierre**

CITY-ST-ZIP **35 Northouest 193rd Street**

Miami, Florida 33169

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Trustee**

1.3 STREET ADDRESS **Joel Sejour**

1.4 CITY-ST-ZIP **749 N.E 79th St. Miami, FL 33138**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Trustee**

2.3 STREET ADDRESS **Pascal Permis**

2.4 CITY-ST-ZIP **15334 S.W. Osceola St Indiantown FL 33956**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Trustee**

3.3 STREET ADDRESS **Jean D. Cidel**

3.4 CITY-ST-ZIP **1285 N.W. 101 St. Miami, FL 33147**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

SIGNATURE REQUIRED

[Signature] **8/01/97**

CR2E037 (4/97)