

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002677

FILED
Apr 21, 2009
Secretary of State

Entity Name: HOMESTEAD HAITIAN CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

24801 SW 134TH AVE
PRINCETON, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

12321 SW 252 TER
HOMESTEAD, FL 33032 US

New Mailing Address:

FEI Number: 65-0798941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSAINVIL, ERNSO
12321 SW 252 TER
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORSAINVIL, ERNSO
Address: 12321 SW 252 TER
City-St-Zip: HOMESTEAD, FL 33032

Title: V () Delete
Name: VALBRUN, DARIO
Address: 29905 SW 152 CT.
City-St-Zip: LEISURE CITY, FL 33033

Title: D () Delete
Name: VERELUS, CHARLES
Address: 772 NE 11 ST
City-St-Zip: HOMESTEAD, FL 33030

Title: T () Delete
Name: ST LUC, EMMANUEL
Address: 121 REDLAND ROAD #101
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LUCSON, FRANCOIS
Address: 13212 SW 275 TER
City-St-Zip: HOMESTEAD, FL 33032

Title: T (X) Change () Addition
Name: ST LUC, EMMANUEL
Address: 22210 SW 115TH CT
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNSO DORSAINVIL

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date