

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003445

Entity Name: HOMESTEAD GOOD SAMARITAN CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**300 NE 15 ST
HOMESTEAD, FL 33030**Current Mailing Address:**PO BOX 901701
HOMESTEAD, FL 33090 US**FEI Number: 27-1020105****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JEROME, MICHEL R
14321 SW 268 ST
APT 201
HOMESTEAD, FL 33032 US*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**Officer/Director Detail :**

Title	TREA
Name	JOSEPH, ASSEDE .
Address	16408 SW 304 ST APT 206
City-State-Zip:	HOMESTEAD FL 33033

Title	PASTOR
Name	JEROME, MICHEL R
Address	14321 SW 268 ST APT#201
City-State-Zip:	HOMESTEAD FL 33033

Title	YOUTH DIRECTOR
Name	JEROME, JONATHAN
Address	14321 SW 268 ST APT 201
City-State-Zip:	HOMESTEAD FL 33032

Title	COUNSELOR
Name	PIERRE, ROSELENE LUXE
Address	14524 SW 280 ST
City-State-Zip:	HOMESTEAD FL 33032

Title	SECRETARY
Name	MERINE, GERTRUDE
Address	1546 NE 8TH ST APT#206
City-State-Zip:	HOMESTEAD FL 33033

Title	MISSIONARY PRESIDENT
Name	JEANTIME, JULIENNE
Address	1438 EAST MOWRY DR APT 101
City-State-Zip:	HOMESTEAD FL 33033

I hereby 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 all other like empowered.

SIGNATURE: MICHEL JEROME**PASTOR****04/10/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date