

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90058 046 ****70.00

DOCUMENT # N01000002406

1. Entity Name

FIRST HISPANIC CHURCH OF THE NAZARENE PAHOKEE, INC.

DO NOT WRITE IN THIS SPACE

87055

2. Principal Place of Business

37085 Canai Street

3. Mailing Address

P.O. BOX 355

Suite, Apt. #, etc.

PAHOKEE, FLA

Suite, Apt. #, etc.

PAHOKEE, FLA

City & State

PAHOKEE FLORIDA

City & State

PAHOKEE, FLORIDA

Zip

33476

Country

USA

Zip

33476

Country

USA

4. FEI Number

02-0583434

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BELISARIO FIGUEROA

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

437 W. MAIN ST.,

City

PAHOKEE

FL

Zip Code

33476

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

REGISTERED AGENT (
BELISARIO FIGUEROA
437 W. MAIN ST.,
PAHOKEE, FL 33476

D

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

CHURCH SECRETARY
NOHEMI POLANCO
155 S. Barfield Hwy.,
PAHOKEE, FL 33476

T

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

CHURCH TREASURER
MARIA ELENA FIGUEROA
437 W. MAIN ST.,
PAHOKEE, FL 33476

T

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BELISARIO FIGUEROA *Belisario Figueroa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

(561) 924-7548

Daytime Phone #

CR2ED37B (12/01)