



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90045 009 ****70.00

DOCUMENT # N01000002406 1. Entity Name FIRST HISPANIC CHURCH OF THE NAZARENE PAHOKEE, INC.					
Principal Place of Business 37085 CANAL ST. PAHOKEE, FL 33476				Mailing Address PO BOX 355 PAHOKEE, FL 33476	
2. Principal Place of Business 37085 CANAL ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State CANAL POINT FL 33438		City & State		4. FEI Number 02-0583434	
Zip 33438		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGUEROA, BELISARIO 1732 NE AVE. BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	RAD <input type="checkbox"/> Delete				
NAME	BELISARIO, FIGUEROA				
STREET ADDRESS	437 W. MIAN ST. 1732 NE AVE				
CITY-ST-ZIP	PAHOKEE, FL 33476 Belle GLADE FL 33430				
TITLE	ST <input type="checkbox"/> Delete				
NAME	POLANCO, NOHEMI				
STREET ADDRESS	155 S BARFIELD HWY				
CITY-ST-ZIP	PAHOKEE, FL 33476				
TITLE	T <input checked="" type="checkbox"/> Delete				
NAME	FIGUEROA, MARIA ELENA				
STREET ADDRESS	437 W MIAN ST.				
CITY-ST-ZIP	PAHOKEE, FL 33476				
TITLE	PS <input type="checkbox"/> Delete				
NAME	CHIVARA, BETTY				
STREET ADDRESS	6630 INDIAN CREEK DR, APT #116				
CITY-ST-ZIP	MIAMI BEACH, FL 33141				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	ELISA ARRIAZA				
STREET ADDRESS	14530 US HWY 441N				
CITY-ST-ZIP	CANAL POINT, FL 33438				
TITLE	PS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BETTY CHIVARA				
STREET ADDRESS	8740 N. SHERMAN CIR, APT#106				
CITY-ST-ZIP	MIRAMAR, FL 33025				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Belisario Figueroa</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
2/28/05 (561)996-6255					
<small>Date Daytime Phone #</small>					