


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N01000002406	
1. Entity Name FIRST HISPANIC CHURCH OF THE NAZARENE PAHOKEE, INC.	

Principal Place of Business 37085 CANAL ST. CANAL POINT, FL 33438	Mailing Address PO BOX 355 PAHOKEE, FL 33476
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03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0583434	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BETTY, CHIVARA 166 W. MAIN STREET PAHOKEE, FL 33476	DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELISARIO, FIGUEROA 166 W. MAIN ST PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST POLANCO, NOHEMI 155 S BARFIELD HWY PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARRIAZA, ELISA 14530 US HWY 441 N CANAL POINT, FL 33438
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAD CHIVARA, BETTY 166 W. MAIN ST. PAHOKEE, FL 33476
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80055-012 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jeremi Belance* **3/28/07 (561) 924-5651 (W)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #