

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90148 032 \*\*\*\*70.00

**DOCUMENT # N01000002406**



**1. Entity Name**  
**FIRST HISPANIC CHURCH OF THE NAZARENE PAHOKEE, I NC.**

**Principal Place of Business**

**37085 CANAL ST.  
PAHOKEE FL 33476**

**Mailing Address**

**PO BOX 355  
PAHOKEE FL 33476**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 02-0583434**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FIGUEROA, BELISARIO  
437 W. MAIN ST.  
PAHOKEE FL 33476**

Name

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

**1732 NE AVE "I"**

City

**BELLE GLADE**

**FL**

Zip Code

**33430**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **RAD** ☐ Delete  
**NAME** **BELISARIO, FIGUEROA**  
**STREET ADDRESS** **437 W. MAIN ST.**  
**CITY-ST-ZIP** **PAHOKEE FL 33476**

**TITLE** **PASTOR** ☐ Change ☒ Addition  
**NAME** **REINALDO HERNANDEZ (D)**  
**STREET ADDRESS** **166 MAIN ST.**  
**CITY-ST-ZIP** **PAHOKEE, FL 33476**

**TITLE** **ST** ☐ Delete  
**NAME** **POLANCO, NOHEMI**  
**STREET ADDRESS** **155 S BARFIELD HWY**  
**CITY-ST-ZIP** **PAHOKEE FL 33476**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME** **FIGUEROA, MARIA ELENA**  
**STREET ADDRESS** **437 W MIAN ST.**  
**CITY-ST-ZIP** **PAHOKEE FL 33476**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Change ☐ 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:** *[Signature]*

**3/19/03**

**(561) 996-6255**

CR2E037 (10/02)