

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90019 006 ****69.75

DOCUMENT # N02000000571

1. Entity Name

FIRST HAITIAN CHURCH OF THE NAZARENE OF
BRADENTON, INC.



Principal Place of Business

115 30TH AVE E
BRADENTON FL 34208

Mailing Address

115 30TH AVE E
BRADENTON FL 34208

2. Principal Place of Business

115 30TH AVE East

Suite, Apt. #, etc.

Bradenton

City & State

Florida

Zip 34208

Country

manatee

3. Mailing Address

115 30TH Avenue E

Suite, Apt. #, etc.

P.O. Box 2782

City & State

oneco FL

Zip

34264

Country

manatee



MOORE

CR2E037 (4/04)

4. FEI Number

65-1142347

Applied For

Not Applicable

5. Certificate of Status Desired

CA

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEAN-PIERRE WILNER REV
10115 DE LEO DR
SARASOTA FL 34243

WILNER JEAN-PIERRE Pastor

7. Name and Address of New Registered Agent

Name

Rail Wilner Jean Pierre

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

1015 De Leo Dr

Sarasota

City

FL

Zip Code

34243

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

WILNER JEAN-PIERRE Pastor

8/13/04

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
Due By September 8, 2004

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

TITLE D ☐ Delete
NAME JEAN-PIERRE WILNER
STREET ADDRESS 1015 DE LEO DR
CITY-ST-ZIP SARASOTA FL 34243

TITLE D ☐ Delete
NAME DELVA, NINOTTE
STREET ADDRESS 422 58 TERR E
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete
NAME RICHEMOND, JACQUES
STREET ADDRESS 1818 9TH AVE E, APT 64
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-6-04