



**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-25-2005 90005 025 \*\*\*\*70.00

<b>DOCUMENT # N02000000571</b> 1. Entity Name <b>FIRST HAITIAN CHURCH OF THE NAZARENE OF BRADENTON, INC.</b>																																																																																																																																									
Principal Place of Business <b>115 30TH AVE EAST BRADENTON, FL 34208</b>			Mailing Address <b>115 30TH AVE EAST BRADENTON, FL 34208</b>																																																																																																																																						
2. Principal Place of Business <b>236 9th Avenue West</b> Suite, Apt. #, etc. <b>Bradenton</b> City & State <b>Florida</b> Zip <b>34205</b> Country <b>Manatee</b>		3. Mailing Address <b>P.O. Box</b> Suite, Apt. #, etc. <b>2782</b> City & State <b>ONEO</b> Zip <b>34264</b> Country <b>Manatee</b>																																																																																																																																							
4. FEI Number <b>65-1142347</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																																							
5. Certificate of Status Desired <b>A</b>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																							
6. Name and Address of Current Registered Agent <b>JEAN-PIERRE WILNER-REV</b> <b>1015 DE LEO DR</b> <b>SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																						
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: <u><b>WILNER JEAN-PIERRE</b></u> <span style="float: right;"><b>5-22-05</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
<b>Make check payable to Florida Department of State</b>																																																																																																																																									
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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><b>Wilner Jean-Pierre</b></u> <span style="float: right;"><b>5-22-05 941 755 3754</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									