

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008146

FILED
May 06, 2008
Secretary of State

Entity Name: PORT ST LUCIE EVANGELICAL CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

121 SW KESTOR DR
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

750 S.W. DARWIN BLVD.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

15248 S. W. MYRTLE DR.
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 16-1766687 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PERMIS, PASCAL REV.
15248 S.W. MYRTLE DR.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERMIS, PASCAL
Address: 15248 SW MYRTLE DR
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: MOZIFORT, ANSEY
Address: 2333 S.W. CABALLERO ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: REMY, JACON
Address: 714 SARETA AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: PERMIS, WADNER
Address: 586 NOME DR
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: D () Delete
Name: JOSEPH, VENOL
Address: 1520 S.E. CROQUET ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: D () Delete
Name: JEAN, JOSEPH
Address: 2416 S.W. LAMB AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JOSEPH, BONY
Address: 156 BRANDON ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASCAL PERMIS

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date