

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004959

FILED  
Mar 26, 2012  
Secretary of State

**Entity Name:** BELLE GLADE EVANGELICAL CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

617 SW AVE B  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

617 SW AVE B  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 94-3474212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PERMIS, PASCAL  
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  
Name: METELUS, ALEXANDER P  
Address: 732 S W AVE D. PLACE  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: ST. CLAIR, MAXO  
Address: 235 SW 5TH AVE.  
City-St-Zip: SOUTH BAY, FL 33493

Title: D  
Name: DELMAS, OXANE  
Address: 548 S W 7TH ST.  
City-St-Zip: BELLE GLADE, FL 33430

Title: D  
Name: MAURICE, LEON  
Address: 300 S W 6 ST #3  
City-St-Zip: BELLE GLADE, FL 33430

I hereby 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 all other like empowered.

**SIGNATURE:** PASCAL PERMIS

D

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date