

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N26787** (4)

95 MAR 22 PM 3: 29

1. Corporation Name
FIRST HAITIAN CHURCH OF THE NAZARENE, INC.

Principal Place of Business Mailing Address
**C/O FRITZ GUERRIER
305 SOUTH 24TH STREET
FORT PIERCE FL 34950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/06/1988** 3a. Date of Last Report **08/08/1994**
4. FEI Number **59-2680596** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**GUERRIER, FRITZ
305 SOUTH 24TH STREET
FORT PIERCE FL 34950**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	\$	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCCES, RAYNOLD	1.2 NAME	
STREET ADDRESS	1009 COLONIAL ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILNER, JEAN PIERRE	2.2 NAME	
STREET ADDRESS	1707 GEORGIA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRIER, FRITZ	3.2 NAME	
STREET ADDRESS	3215 HIBISCUS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	TDP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORMELIEN, ANGEVIL	4.2 NAME	
STREET ADDRESS	3212 HIBISCUS AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGERVIL, LORMELIEN	5.2 NAME	
STREET ADDRESS	3212 HIBISCUS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	Pirrus Michel	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	die last 5 Months	6.2 NAME	C Favin, Leger
STREET ADDRESS	THAT Name need to changed	6.3 STREET ADDRESS	113 North 20th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fort pierce Florida 34950

14. I do certify that I am an officer or director of the corporation or the member of the corporation, and that the information furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the member of the corporation, and that my signature shall have the same legal effect as if made under oath. I am empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **3/15/95 407-595-0424**
Signature and typed or printed name of signing officer or director