

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26787** (4)
1. Corporation Name

FIRST HAITIAN CHURCH OF THE NAZARENE, INC.



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

3. Date Incorporated or Qualified: **06/06/1988**
3a. Date of Last Report: **03/22/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2680596	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	City & State	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	29	Zip	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUERRIER, FRITZ
305 SOUTH 24TH STREET
FORT PIERCE FL 34950**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUCCESS, 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	PD 2701 Rhode Island Ave.
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	Fort pierce FL 34947
TITLE	TDP <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAVN, LEGER	6.2 NAME	
STREET ADDRESS	113 NORTH 20TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 407-595-0424
Date Daytime Phone #

CR2E037 (12/95)