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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 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 **01/31/1996**

2. Principal Place of Business 2a. Mailing Address 4. FEI Number **59-2680596** Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	S <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILNER, JEAN PIERRE	2.2 NAME	Saudel Joseph
STREET ADDRESS	1707 GEORGIA AVENUE	2.3 STREET ADDRESS	1109 APT.B Chipola Road
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Fort pierce Florida 34950
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	2701 RHODE ISLAND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
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	FAMN, LEGER	6.2 NAME	Roselene Dessources
STREET ADDRESS	113 NORTH 20TH STREET	6.3 STREET ADDRESS	706 Avenue I
CITY-ST-ZIP	FORT PIERCE FL	6.4 CITY-ST-ZIP	Fort pierce Florida 34950

14. I do 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 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]* **Fritz M. Guerrier**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97 561-595-0424

CR2E037 (9/96)