

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/06/1988	4. FEI Number 65-0734081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	SUCCESS, RAYNOLD	
STREET ADDRESS	1009 COLONIAL ROAD	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAUDEL, JOSEPH	
STREET ADDRESS	1109 APT B CHIPOLA ROAD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	QUERRIER, FRITZ	
STREET ADDRESS	2701 RHODE ISLAND AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	TDP	<input type="checkbox"/> DELETE
NAME	LORMELIEN, ANGEVIL	
STREET ADDRESS	3212 HIBISCUS AVENUE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANGERVIL, LORMELIEN	
STREET ADDRESS	3212 HIBISCUS AVENUE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DESSOURCES, ROSALENE	
STREET ADDRESS	706 AVENUE I	
CITY-ST-ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 **FRITZ M. QUERRIER 1-27-98 561-595-0424**

CR2E037 (10/97)