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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N26787

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

C/O FRITZ GUERRIER
 305 SOUTH 24TH STREET
 FORT PIERCE FL 34950



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/06/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 65-0734081

Applied For
 Not Applicable

23 City & State

27 City & State

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

24 Zip Country

29 Zip Country

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

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 DELETE
 NAME S
 STREET ADDRESS SUCCES, RAYNOLD
 CITY-ST-ZIP 1009 COLONIAL ROAD
 FT. PIERCE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME SD
 STREET ADDRESS SAUDEL, JOSEPH
 CITY-ST-ZIP 1109 APT B CHIPOLA ROAD
 FT PIERCE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 STREET ADDRESS GUERRIER, FRITZ
 CITY-ST-ZIP 2701 RHODE ISLAND AVE.
 FT. PIERCE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME TDP
 STREET ADDRESS LORMELIEN, ANGEVIL
 CITY-ST-ZIP 3212 HIBISCUS AVENUE
 FORT PIERCE FL

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME PD
 STREET ADDRESS ANGERVIL, LORMELIEN
 CITY-ST-ZIP 3212 HIBISCUS AVENUE
 FT PIERCE FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME C
 STREET ADDRESS DESSOURCES, ROSALENE
 CITY-ST-ZIP 706 AVENUE I
 FT PIERCE FL

6.1 TITLE Change 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, with all other like empowered.

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

2/12/99 561-595-0424
 Date Daytime Phone #

CR2E037 (11/98)