

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26787

1. Entity Name

FIRST HAITIAN CHURCH OF THE NAZARENE, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90059 002 \*\*\*\*61.25

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 34950-6267
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0734081</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:  
 FEE IS \$61.25**

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sunday school president</b>	
STREET ADDRESS	<b>Jean Saint-Jean</b>	
CITY-ST-ZIP	<b>818 South 17th Street Ft pierce FL 34950</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Utile Louibert</b>	
STREET ADDRESS	<b>2610 Newport Drive</b>	
CITY-ST-ZIP	<b>Fort pierce Florida 34982</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leopold Michel</b>	
STREET ADDRESS	<b>164 Castana Court</b>	
CITY-ST-ZIP	<b>Port St. Lucie Florida 34983</b>	

12. 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 report or supplemental 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 10 or Block 11 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 Date Daytime Phone #

CR2E037 (9/99)