


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N26787**  
1. Entity Name  
**FIRST HAITIAN CHURCH OF THE NAZARENE, INC.**



Principal Place of Business      Mailing Address  
**3425 DEBERRY RD  
FORT PIERCE FL 34947  
US**      **3425 DEBERRY ROAD  
FORT PIERCE FL 34947**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)  
4. FEI Number      Applied For / Not Applied  
**65-0734081**  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUERRIER, FRITZ M  
2701 RHODE ISLAND AVENUE  
FORT PIERCE FL 34947**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting)      DATE \_\_\_\_\_

**FILE NOW; FEE IS \$61.25  
Due By May 1, 2006**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	SSP	<input type="checkbox"/> Delete
NAME	SAINT-JEAN, JEAN	
STREET ADDRESS	818 SOUTH 17TH STREET	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOUBERT, UTILE	
STREET ADDRESS	2610 NEWPORT DRIVE	
CITY-STATE-ZIP	FORT PIERCE FL 34982	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GUERRIER, FRITZ	
STREET ADDRESS	2701 RHODE ISLAND AVE.	
CITY-STATE-ZIP	FT. PIERCE FL	
TITLE	TDP	<input type="checkbox"/> Delete
NAME	LORMELIEN, ANGEVIL	
STREET ADDRESS	3212 HIBISCUS AVENUE	
CITY-STATE-ZIP	FORT PIERCE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANGERVIL, LORMELIEN	
STREET ADDRESS	3212 HIBISCUS AVENUE	
CITY-STATE-ZIP	FT PIERCE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	LEOPOLD, MICHAEL	
STREET ADDRESS	184 CASTANA COURT	
CITY-STATE-ZIP	PORT SAINT LUCIE FL 34983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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  **FRITZ M. GUERRIER 2-15-06 779-579-0679**