


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

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



Principal Place of Business 3425 DEBERRY RD FORT PIERCE, FL 34947 US	Mailing Address 3425 DEBERRY RHOAD FORT PIERCE, FL 34947
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01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0734081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUERRIER, FRITZ M
 2701 RHODE ISLAND AVENUE
 FORT PIERCE, FL 34947**

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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 _____ DATE _____
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSP SAINT-JEAN, JEAN 818 SOUTH 17TH STREET FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUBERT, UTILE 2610 NEWPORT DRIVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRIER, FRITZ 2701 RHODE ISLAND AVE. FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP LORMELIEN, ANGEVIL 3212 HIBISCUS AVENUE FORT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGERVIL, LORMELIEN 3212 HIBISCUS AVENUE FT PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEOPOLD, MICHAEL 164 CASTANA COURT PORT SAINT LUCIE, FL 34983

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 03/01/07-80030-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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  **1-31-07 (792) 579-9678**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #