


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 A
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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DO NOT WRITE IN THIS SPACE



01092008 No Chg-NP CR2E037 (4/08)

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. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE SSP	SAINT-JEAN, JEAN
NAME	818 SOUTH 17TH STREET
STREET ADDRESS	FORT PIERCE, FL 34982
CITY-ST-ZIP	
TITLE SD	LOUBERT, UTILE
NAME	2610 NEWPORT DRIVE
STREET ADDRESS	FORT PIERCE, FL 34982
CITY-ST-ZIP	
TITLE PD	GUERRIER, FRITZ
NAME	2701 RHODE ISLAND AVE.
STREET ADDRESS	FT. PIERCE, FL
CITY-ST-ZIP	
TITLE TDP	LORMELIEN, ANGEVIL
NAME	3212 HIBISCUS AVENUE
STREET ADDRESS	FORT PIERCE, FL
CITY-ST-ZIP	
TITLE PD	ANGERVIL, LORMELIEN
NAME	3212 HIBISCUS AVENUE
STREET ADDRESS	FT. PIERCE, FL
CITY-ST-ZIP	
TITLE C	LEOPOLD, MICHAEL
NAME	184 CASTANA COURT
STREET ADDRESS	PORT SAINT LUCIE, FL 34983
CITY-ST-ZIP	

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01/23/08-80101-013 61.25

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:  **1-17-08** **772-595-5722**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #