

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26787

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: FIRST HAITIAN CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

3425 DEBERRY RD  
FORT PIERCE, FL 34947 US

**New Principal Place of Business:**

**Current Mailing Address:**

3425 DEBERRY RHOAD  
FORT PIERCE, FL 34947

**New Mailing Address:**

3425 DEBERRY RD  
FORT PIERCE, FL 34947 US

FEI Number: 65-0734081      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: SSP ( ) Delete  
Name: SAINT-JEAN, JEAN  
Address: 818 SOUTH 17TH STREET  
City-St-Zip: FORT PIERCE, FL 34982

Title: SD ( ) Delete  
Name: LOUIBERT, UTILE  
Address: 2610 NEWPORT DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: PD ( ) Delete  
Name: GUERRIER, FRITZ  
Address: 2701 RHODE ISLAND AVE.  
City-St-Zip: FT. PIERCE, FL

Title: TDP (X) Delete  
Name: LORMELIEN, ANGEVIL  
Address: 3212 HIBISCUS AVENUE  
City-St-Zip: FORT PIERCE, FL

Title: PD (X) Delete  
Name: ANGERVIL, LORMELIEN  
Address: 3212 HIBISCUS AVENUE  
City-St-Zip: FT PIERCE, FL

Title: C (X) Delete  
Name: LEOPOLD, MICHAEL  
Address: 164 CASTANA COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: UTILE, LOUIBERT  
Address: 2610 NEWPORT DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: PD (X) Change ( ) Addition  
Name: MICHEL, LEOPOLD  
Address: 629 NW TREEMONT AVE.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOPOLD MICHEL

OFFI

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date