

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90202 045 ****61.25

DOCUMENT # N26787

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



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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 3425 Deberry Rhoad Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Fort pierce, Florida	4. FEI Number 65-0734081	Applied For <input type="checkbox"/> Not Applicable
Zip 34947	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSP SAINT-JEAN, JEAN 818 SOUTH 17TH STREET FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOUBERT, UTILE 2610 NEWPORT DRIVE FORT PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUERRIER, FRITZ 2701 RHODE ISLAND AVE. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDP LORMELIEN, ANGEVIL 3212 HIBISCUS AVENUE FORT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGERVIL, LORMELIEN 3212 HIBISCUS AVENUE FT PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEOPOLD, MICHAEL 164 CASTANA COURT PORT-SAINT-LUCIE FL 34983	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R Fritz M Guerrier Date: **2/11/03** Daytime Phone #: **772-461-0352**

CR2E037 (10/02)