

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43787

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** FAITH CHURCH OF THE NAZARENE OF FORT LAUDERDALE, INC.

**Current Principal Place of Business:**

1400 NE 5TH AVENUE  
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

1400 NE 5TH AVENUE  
FORT LAUDERDALE  
FT. LAUDERDALE, FL 33304 US

**Current Mailing Address:**

1400 NE 5TH AVENUE  
FT. LAUDERDALE, FL 33304 US

**New Mailing Address:**

1400 NE 5TH AVENUE  
FORT LAUDERDALE  
FT. LAUDERDALE, FL 33304 US

**FEI Number:** 59-1572929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASMIN, ANTOINE J  
1400 NE 5TH AVE.  
FT. LAUDERDALE, FL 33304 US

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

JASMIN, ANTOINE J  
1400 NE 5TH AVE.  
FORT LAUDERDALE  
FT. LAUDERDALE, FL 33304 US

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: ANTOINE J. JASMIN

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CLEBERT, NOEL  
Address: 1124 NW 19TH ST  
City-St-Zip: FORT LAUDERDALE, FL 33311 UN

Title: D  
Name: MATHURIN, AMBROISE  
Address: 1027 NW 5TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33312 UN

Title: D  
Name: SAINSMYR, ALFEX  
Address: 1400 NE 5 AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33304 UN

Title: D  
Name: SIMON, ARNOLD  
Address: 171 NE 31ST STREET.  
City-St-Zip: POMPANO BCH, FL 33312 UN

Title: D  
Name: KERSUZAN, PIERROT  
Address: 590 SW 27TH AVE 11  
City-St-Zip: FORT LAUDERDALE, FL 33312 UN

I hereby 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 all other like empowered.

SIGNATURE: ANTOINE JOEL JASMIN

DR

04/04/2011

Electronic Signature of Signing Officer or Director

Date