

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2000 8:00 am**  
**Secretary of State**

06-30-2000 90004 023 \*\*\*\*61.25

**DOCUMENT # N93000001647 R**  
 1. Entity Name  
**EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.**

Principal Place of Business	Mailing Address
15334 SW OSLEOLAST INDIANTOWN FL 34956 US	P.O. BOX 747 INDIANTOWN FL 34956-0747 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	65-0408145	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PERMIS, PASCAL**  
 15248 SW MYRTLE DR  
 INDIANTOWN FL 34956

**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.

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

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAM, CELIA</b> <b>14826 S.W. 169TH DR.</b> <b>INDIANTOWN FL 34956</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PIERRE, VENESE</b> <b>14955 SW SEMINOLE DR</b> <b>INDIANTOWN FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CUCCES, BELANGE</b> <b>5725 SW INEZ AVE</b> <b>STUART FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALCENAT, CHANGLAIRE</b> <b>8697 SE CINDY LANE</b> <b>HOBE SOUND FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PERMIS, MICHELINE</b> <b>15248 SW MYRTLE DR</b> <b>INDIANTOWN FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOUSSAINT, DAVID</b> <b>16740 SW 172ND AVE</b> <b>INDIANTOWN FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HOLONE CHERISHE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5868 TANGERINE ST</b> <b>STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Saintange SIBRUN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>17474 Lincoln St.</b> <b>Indian town, FL 34956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GILBERT EXANTUS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>15557 FOX ST/POBOX 34</b> <b>Indiantown, FL 34956</b>
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:** *(Signature)* **PERMIS, PASCAL** (56) 597-5182  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0-17 (9/99)