

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91130 025 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N93000001647</b>			
1. Entity Name <b>EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.</b>			
Principal Place of Business <b>15334 SW OSLEOLAST INDIANTOWN FL 34956 US</b>		Mailing Address <b>P.O. BOX 747 INDIANTOWN FL 34956 US</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0408145</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
8. Name and Address of Current Registered Agent <b>PERMIS, PASCAL 15248 SW MYRTLE DR INDIANTOWN FL 34958</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. CHERISME, HOLONE</b> <i>(Secretary)</i> <input type="checkbox"/> Delete <b>5888 TANGERINE BLVD. STUART FL 34997</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Assistant Treasurer</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. EXANTUS, GILBERT</b> <input checked="" type="checkbox"/> Delete <b>15557 FOX STREET/PO BOX 34 INDIANTOWN FL 34956</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SAINTANGE Si Gnan</b> <b>14842 S.W. 168th Ave Indiantown, FL 34956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. CUCCES, BELANGE</b> <i>Treasurer</i> <input type="checkbox"/> Delete <b>5725 SW INEZ AVE. STUART FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ALCENAT, CHANLAIRE</b> <input checked="" type="checkbox"/> Delete <b>8897 SE CINDY LANE HOBE SOUND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PERMIS, MICHELINE</b> <i>Advisor member</i> <input type="checkbox"/> Delete <b>15248 SW MYRTLE DR INDIANTOWN FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. TOUSSAINT, DAVID</b> <i>Vice-President</i> <input type="checkbox"/> Delete <b>16740 SW 172ND AVE INDIANTOWN FL</b>	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: <i>Pascal Permis</i>		Date: <i>7/2-5/22</i> Daytime Phone #	

CR2E037 (9/01)