

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 05, 2004  
Secretary of State**

DOCUMENT# N93000001647

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

15334 SW OSLEOLAST  
INDIANTOWN, FL 34956 US

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 747  
INDIANTOWN, FL 34956 US

FEI Number: 65-0408145      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: CHERISME, HOLONE  
Address: 5868 TANGERINE BLVD.  
City-St-Zip: STUART, FL 34997

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

Title: AT ( ) Delete  
Name: SIBRUN, SAINTAGE  
Address: 14842 SW 168TH AVE.  
City-St-Zip: INDIAN TOWN, FL 34986

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

Title: T ( ) Delete  
Name: CUCCES, BELANGE  
Address: 5725 SW INEZ AVE  
City-St-Zip: STUART, FL

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

Title: AM ( ) Delete  
Name: PERMIS, MICHELINE  
Address: 15248 SW MYRTLE DR  
City-St-Zip: INDIANTOWN, FL

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

Title: VPD ( ) Delete  
Name: TOUSSAINT, DAVID  
Address: 16740 SW 172ND AVE  
City-St-Zip: INDIANTOWN, FL

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PASCAL PERMIS

P

04/05/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date