

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001647

FILED
May 06, 2008
Secretary of State

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

Current Principal Place of Business:

15334 SW OSLEOLAST
INDIANTOWN, FL 34956 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 747
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 65-0408145 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PERMIS, PASCAL PASTOR
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: PASCAL PERMIS

05/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CHERISME, HOLONE
Address: 2910 S.E. PIER ST.
City-St-Zip: PORT ST. LUCIE, FL 34984

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

Title: T () Delete
Name: CUCCES, BELANGE
Address: 5725 SW INEZ AVE
City-St-Zip: STUART, FL 34956

Title: AM () Delete
Name: PERMIS, MICHELINE
Address: 15248 SW MYRTLE DR
City-St-Zip: INDIANTOWN, FL 34956

Title: VPD () Delete
Name: TOUSSAINT, DAVID
Address: 8985 S.W. FISHERMAN WARF DR.
City-St-Zip: INDIANTOWN, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change () Addition
Name: BOCICOT, THOLES
Address: 14842 SW 168TH AVE.
City-St-Zip: INDIAN TOWN, FL 34986

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date