

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001647

FILED
Feb 13, 2012
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

Title: AS
Name: BOCICOT, THOLES
Address: 375 S.W. RIDGECREST DR.
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: AM
Name: PERMIS, PASCAL
Address: 15248 SW MYRTLE DR
City-St-Zip: INDIANTOWN, FL 34956

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

Title: M
Name: SILEUS, SEJOUR
Address: 16935 S.W. 169 DR.
City-St-Zip: INDIANTOWN, FL 34956

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: PASCAL PERMIS

PAST

02/13/2012

Electronic Signature of Signing Officer or Director

Date