

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90219 041 \*\*\*\*61.25

**DOCUMENT # N93000001647**

1. Entity Name

**EVANGELICAL HAITIAN CHURCH OF THE NAZARENE, INC.**



Principal Place of Business

15334 SW OSLEOLAST  
INDIANTOWN FL 34956  
US

Mailing Address

P.O. BOX 747  
INDIANTOWN FL 34956  
US

**44003521**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0408145**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERMIS, PASCAL**  
**15248 SW MYRTLE DR**  
**INDIANTOWN FL 34958**

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. I am familiar with, and accept the obligations of registered agent.

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  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME **S**  Delete  
NAME **CHERISME, HOLONE**  
STREET ADDRESS **5868 TANGERINE BLVD.**  
CITY-ST-ZIP **STUART FL 34997**

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **AT**  Delete  
NAME **SIBRUM SAINTANGE** **SIBRUM**  
STREET ADDRESS **14842 SW 168TH AVE.**  
CITY-ST-ZIP **INDIAN TOWN FL 34988**

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **T**  Delete  
NAME **CUCCES, BELANGE**  
STREET ADDRESS **5725 SW INEZ AVE**  
CITY-ST-ZIP **STUART FL**

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **AM**  Delete  
NAME **PERMIS, MICHELINE**  
STREET ADDRESS **15248 SW MYRTLE DR**  
CITY-ST-ZIP **INDIANTOWN FL**

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **VPO**  Delete  
NAME **TOUSSAINT, DAVID**  
STREET ADDRESS **16740 SW 172ND AVE**  
CITY-ST-ZIP **INDIANTOWN FL**

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

*Caral Permis* **6/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)