

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90192 022 \*\*\*\*70.00

**DOCUMENT # N94000003578**

1. Entity Name

**PHILADELPHIA CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

1433 WEST 9TH STREET  
 RIVIERA BEACH FL 34404  
 US

PO BOX 222263  
 WEST PALM BEACH FL 33422-2263  
 US

**A0072814**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0518412**

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

**PHILOGENE, JEAN-EMMANUEL**  
**339 FORESTA TERR**  
**WEST PALM BEACH FL 33415**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's 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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PHILOGENE, JEAN-EMMANUEL</b>	
STREET ADDRESS	<b>339 FORESTA TERR</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEJEUNE, MOISE</b>	
STREET ADDRESS	<b>1220 THIRD ST</b>	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOUIS, SERGE</b>	
STREET ADDRESS	<b>100 NOTHINGHAM CIR</b>	
CITY-ST-ZIP	<b>GREEN ACRES FL 33436</b>	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SICILIA A. REYES JEAN EMMANUEL PHILOGENE 6-4-01 581 714-7811**

CR2E037 (10/00)