

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001647

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

FILED
Mar 26, 2016
Secretary of State
CC9267144009

Current Principal Place of Business:

15334 SW OSLEOLAST
INDIANTOWN, FL 34956

Current Mailing Address:

P.O. BOX 747
INDIANTOWN, FL 34956 US

FEI Number: 65-0408145

Certificate of Status Desired: No

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DEACONESS
Name PERMIS, MICHELINE
Address 15248 S.W. MYRTLE DR.
City-State-Zip: INDIANTOWN FL 34956

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

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

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

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

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

Title OFFICER
Name EXANTUS, MIREILLE
Address 15388 SW 150TH ST.
City-State-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

PASTOR

03/26/2016

Electronic Signature of Signing Officer/Director Detail

Date