

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001647

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

**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 CUCCES, 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

*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**

**03/17/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date