

FILE NOW: FILING FEE IS \$61.25

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**Feb 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705104 (8)

1. Corporation Name
CENTRAL CHURCH OF THE NAZERENE OF MIAMI, FLORIDA, INC.

Principal Place of Business 1300 N W 85TH STREET MIAMI FL 33147	Mailing Address 1300 N W 95TH STREET MIAMI FL 33147
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21 2. Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 City & State	City & State
24 Zip	Country
25	29
26	30

3. Date Incorporated or Qualified 01/24/1963	
4. FEI Number 59-6136779	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**POT, ONESIMO
162 NE 112 ST
MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable) 162 NE 122 ST		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input checked="" type="checkbox"/>
NAME	PICKETT, JUDITH L.	
STREET ADDRESS	8511 OLD COUNTRY MANOR#403	
CITY-ST-ZIP	DAVIE FL 33328	
TITLE	STR	<input type="checkbox"/>
NAME	PAPE, PAMELA	
STREET ADDRESS	5701 W 9 LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	PDC	<input type="checkbox"/>
NAME	POT, ONESIMO	
STREET ADDRESS	162 NE 112 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input type="checkbox"/>
NAME	ST. LOUIS, JANICE	
STREET ADDRESS	1830 NE 142ND STREET, #8-D	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	TR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Kleppinger, Keith		
1.3 STREET ADDRESS	841 S.Biscayne River Drive		
1.4 CITY-ST-ZIP	Miami, FL 33169	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PDC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Pot, Onesimo		
3.3 STREET ADDRESS	162 NE 122 ST		
3.4 CITY-ST-ZIP	Miami, FL 33161		
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *S. Onesimo Pot* *January 7/98* *305-696-1012*

CR2E037 (10/97)