


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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90109 026 ****61.25

DOCUMENT # 705104

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



Principal Place of Business Mailing Address
**1300 N W 95TH STREET
MIAMI FL 33147** **1300 N W 95TH STREET
MIAMI FL 33147**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-6136779** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POT, ONESIMO
162 NE 122ND ST.
MIAMI FL 33161**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	TR	<input type="checkbox"/> Delete
NAME	KLEPPINGER, KEITH	
STREET ADDRESS	841 S BISCAYNE RIVER DR	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANICE, ST LOUIS	
STREET ADDRESS	14030 BISCAYNE BLVD 811	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	POT, ONESIMO	
STREET ADDRESS	162 NE 122ND ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORDE, DIANA	
STREET ADDRESS	170 NE 128TH TERR	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alice Sorrow	
STREET ADDRESS	6760 Bull Run Road, #248	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janice St. Louis	
STREET ADDRESS	16465 NE 22nd Ave, #204	
CITY-ST-ZIP	North Miami Beach, FL 33160	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverley Simes	
STREET ADDRESS	3101 NW 203rd Lane	
CITY-ST-ZIP	Miami, FL 33056	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hiram Bledsoe	
STREET ADDRESS	631 SW 64 Pkwy	
CITY-ST-ZIP	Pembroke Pines, FL 33023	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Hamilton	
STREET ADDRESS	700 N. 69th Way	
CITY-ST-ZIP	Hollywood, FL 33024	
TITLE	#D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bettye Anne Tzib	
STREET ADDRESS	315 NW 192nd St.	
CITY-ST-ZIP	Miami, FL 33169	

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: *S. Onesimo* **ONESIMO POT 04-08-03 305-696-1412**

CR2E037 (10/02)