

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-29-2002 90158 011 ****70.00

DOCUMENT # 706342

1. Entity Name

CALVARY CHURCH OF THE NAZARENE INC

Principal Place of Business

Mailing Address

3210 SW 24TH ST
 MIAMI FL 33145
 US

3210 SW 24TH ST
 MIAMI FL 33145
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1003895

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

Name

Jorge Chivara

Street Address (P.O. Box Number is Not Acceptable)

6630 Indian Creek 116

City

Miami Beach

FL

Zip Code

33141

~~CAMPOS, FIDEL
 2036 NW 3ST #7
 MIAMI FL 33135~~

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

Jorge L. Chivara

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

05-22-02

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 **PD** Delete
 NAME **PALACIOS, FRANCISCO**
 STREET ADDRESS **1200 SW 19TH AVE**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **PEREZ, OLENA**
 STREET ADDRESS **3940 W 11 LANE**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SI** Delete
 NAME ~~**CAMPOS, FIDEL**~~
 STREET ADDRESS ~~**2036 NW 3ST #7**~~
 CITY-ST-ZIP ~~**MIAMI FL 33135**~~

TITLE Change Addition
 NAME **Jorge Chivara**
 STREET ADDRESS **6630 Indian Creek 116**
 CITY-ST-ZIP **Miami Beach 33141**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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 NAME
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02

CR2E037 (9/01)