

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 08 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT STATE <b>Sandra B. Mom</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719216 (4)**  
 1. Corporation Name  
**NAZARETH SPANISH BAPTIST CHURCH INCORPORATED**



Principal Place of Business <b>2225 SW 17TH AVE. MIAMI FL 33145</b>	Mailing Address <b>2225 SW 17TH AVE. MIAMI FL 33145</b>
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3. Date Incorporated or Qualified <b>06/31/1970</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number <b>59-1370445</b>	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	City <b>30</b>

**9. Name and Address of Current Registered Agent**

**RODRIGUEZ, SERGIO (REV)  
1642 SW 18TH AVE.  
MIAMI FL 33145**

**10. Name and Address of New Registered Agent**

31 Name	
32 Street Address (P.O. Box Number is Not Acceptable)	
33	
34 City	<b>FL 85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	1. NAME
	<b>D GONZALEZ, CONCEPCION M</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3640 SW 4 ST</b>	1. STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1. CITY - ST - ZIP	
	<b>SD BENTEZ, CARIDAD</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2768 SW 10TH TERR., #4</b>	2. TITLE	2. NAME
CITY - ST - ZIP	<b>MIAMI FL</b>	2. STREET ADDRESS	
	<b>TD ALVAREZ, OMAR</b>	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3410 S.W. 2ND STREET</b>	3. TITLE	3. NAME
CITY - ST - ZIP	<b>MIAMI FL</b>	3. STREET ADDRESS	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4. TITLE	4. NAME
CITY - ST - ZIP		4. STREET ADDRESS	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5. TITLE	5. NAME
CITY - ST - ZIP		5. STREET ADDRESS	
		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6. TITLE	6. NAME
CITY - ST - ZIP		6. STREET ADDRESS	

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, trustee, or other person 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:** \_\_\_\_\_

CR2E037 (10/97)