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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION
ANNUAL REPORT
1995 *4-26-95*

FLORIDA DEPARTMENT OF STATE
B-4592-56
Sandi G. Northern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 747814 (2)

1. Corporation Name
NORTH MIAMI BEACH CHURCH OF THE NAZARENE

Principal Place of Business Mailing Address

**375 NE 164 TERR.
NO. MIAMI BCH. FL 33162** **375 NE 164 TERR.
NO. MIAMI BCH. FL 33162**

2. Principal Place of Business 2a. Mailing Address

21 **26**

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

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/26/1979 **05/01/1994**

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MANGRU, SIMON D.
375 NE 164 TERRACE
NO. MIAMI BCH. FL 33162**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON MARK	1.2 NAME	DEANNE BACCHUS
STREET ADDRESS	340 NE 185TH ST	1.3 STREET ADDRESS	1720 NW 10TH CT
CITY - ST - ZIP	N MIAMI BEACH FL	1.4 CITY - ST - ZIP	MIAMI, FL 33169
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, PAULINE	2.2 NAME	BENJAMIN YOUNG
STREET ADDRESS	1898 NW 171 STREET	2.3 STREET ADDRESS	19232 NW 23RD CT
CITY - ST - ZIP	OPA LOCKA FL	2.4 CITY - ST - ZIP	MIAMI, FL 33056
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIEFFE DELORES	3.2 NAME	
STREET ADDRESS	310 NE 185TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH CARLINE	4.2 NAME	JEAN VERNEUS
STREET ADDRESS	12006 NE 12TH CT	4.3 STREET ADDRESS	1015 NE 147TH STREET
CITY - ST - ZIP	BIGGAYNE PARK MI	4.4 CITY - ST - ZIP	NORTH MIAMI, FL 33161
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGRU, SIMON D.	5.2 NAME	
STREET ADDRESS	375 NE 164 TERRACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BCH. FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Simon D. Mangru, SIMON D. MANGRU 4-21-95 305-947-5955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)