

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 747814 (2)

1. Corporation Name  
NORTH MIAMI BEACH CHURCH OF THE NAZARENE



Principal Place of Business: 375 NE 164 TERR. NO. MIAMI BCH. FL 33162  
Mailing Address: 375 NE 164 TERR. NO. MIAMI BCH. FL 33162

3. Date Incorporated or Qualified: 06/26/1979  
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired			
23 City & State		28 City & State		\$8.75 Additional Fee Required			
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
				Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANGRU, SIMON D. 375 NE 164 TERRACE NO. MIAMI BCH. FL 33162				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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	CORRECT SPELLING: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACCHUS, KEANNE	1.2 NAME	BACCHUS, DEANNE
STREET ADDRESS	17210 NW 10TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	NOEL DAVIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, BENJAMIN	2.2 NAME	695 NE 180th Street
STREET ADDRESS	19232 NW 23RD CT.	2.3 STREET ADDRESS	N. MIAMI BEACH, FL 33162
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONCRIEFFE DELORES	3.2 NAME	
STREET ADDRESS	310 NE 165TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNEUS, JEAN	4.2 NAME	
STREET ADDRESS	1015 NE 147TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(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 617, 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) President 4-10-96 305-947-5955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)