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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # 747814

(2)

## NORTH MIAMI BEACH CHURCH OF THE NAZARENE

Dy'n sing I Oles	te of Business	Mailing Address					
		Mailing Address  375 NE 164 TERR.					
375 NE 164 TERR.   NO. MIAMI BCH. FL 33162		NO. MIAMI BCH. FL 33	162-3541				
					3. Date Incorporated or Qualifie 06/26/1979	d 3a. Date of Last Report 04/17/1996	
· · · · · · · · · · · · · · · · · · ·	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
Suite, Apt.	* oto	Suite, Apt. #, etc.			NOT APPLICABLE	Not Applicable  \$8.75 Additional	
22 Suite, Apr.	. #, BIG.	27			5. Certificate of Status Desired	Fee Required	
City & Sta	10	City & State			6. Election Campaign Financing		
Zip	Country	28	Coun	han a	Trust Fund Contribution	☐ Added to Fees	
24 24	25 Country	29	30	ıry	This corporation has liability f     Florida Statutes	or intangible tax under s. 199.032,	
[	9. Name and Address of Curre		1301		10. Name and Address of New		
			8	1 Name	e		
MANGRU, SIMON D.			8	2 Stree	ddress (P.O. Box Number is Not Acceptable)		
	164 TERRACE Ami BCH. Fl 33162		8	3			
110. 100	WIN DOTT. TE GOTGE		ا	4 City		85 Zip Code	
			i		_	FL	
11. Pursuant office or	to the provisions of Sections 617.05 registered agent, or both, in the State	02 and 617.1508, Florida Street of Florida Street	atutes, the abo	ove-name	ed corporation submits this statement for the proporation's board of directors. I hereby ac	e purpose of changing its registered cept the appointment as registered	
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.0503	, Florida Statu	es.	,		
SIGNATURE	Signature, typed or printed name of registered ac	pent and title if applicable.	NOTE: Flagistered	gent signatu	ure required when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	<del>-60</del>	DELETE.	1.1 TITL	E .	TREASURER -DIRECTOR	Change Addition	
NAME	-BACCHUS, DEANNE	-	1.2 NAM	E	MURRAY, JASON 6219 SW 24# Stm	ant.	
STREET ADDRESS	17210 NW_10TH CT		1.3 STA	EET ADDRESS			
CITY - ST - ZIP	MIAMI FL	T or eve		-ST-ZIP	Miramar, FL 3302		
TITLE	D D NOT	☐ DELETE	2.1 TITL			☐ Change ☐ Addition	
NAME	DAVIS, NOEL		2.2 NAM				
STREET ADDRESS	695 NE 180TH ST			EET ADDRESS	S		
CITY-ST-ZIP	N MIAMI BCH FL	☐ DELETE		Y-ST-ZIP		Change Addition	
TITLE	D NONODIEREE DELODES	☐ DELENE	3.1 TITL			Change Addition	
NAME	MONCRIEFFE DELORES		3.2 NAM		. 1		
STREET ADDRESS	310 NE 165TH STREET N MIAMI BEACH FL		i	EET ADDRESS	8		
CITY-SI-ZIP TITLE	N MIAMI DEACH FL	DELETE	3.4. CII	Y-ST-ZIP	SECRETARY	Change Addition	
NAME	VERNEUS, JEAN	pere-re	4.2 NA		020(27)///	Za Orango III recinion	
STREET ADDRESS	1			eet address			
CHY-ST-ZIP	NORTH MIAMI FL	•		-ST-ZIP	3		
TITLE	PD	DELETE	5.1 TITL			Change Addition	
NAME	MANGRU, SIMON D.		5.2 NAN				
STREET ADDRESS	375 NE 164 TERRACE			EET ADDRESS	s		
CITY-ST-ZIP	N. MIAMI BCH. FL.			-ST-ZIP			
TITLE		DELETE	6.1 TITL			☐ Change ☐ Addition	
NAME			6.2 NAN	IE			
STREET ADDRESS			6.3 STR	EET ADDRESS	s		
מול פו לום				- CT - 74D			

14. I do 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 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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.97.

945-1198

**FILED** 

Apr 30 1997 8:00am

Secretary of State