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

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMEN' OF STATE

Secretary of State DIVISION OF CORPORATIONS

**POCUMENT** #

(2)

## NORTH MAMI BEACH CHURCH OF THE NAZARENE

| Pri                                                                                                                                                                                               | incipal Place                      | of Busines                             | s              | Mailing Add         | Mailing Address         |                     |         |                                                                | 3 (ABINI 1081) GIBN 18201 10131 15901 BIRN BIRN BIRN BIRN BIRN BIRN BIRN BIRN                                                                          |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------|----------------|---------------------|-------------------------|---------------------|---------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 375 NE 164 TERR.                                                                                                                                                                                  |                                    |                                        |                |                     | 375 NE 164 TERR.        |                     |         |                                                                | 3. Date Incorporated or Qualified                                                                                                                      | ٦        |  |
| NO. MIAMI BCH. FL 33162                                                                                                                                                                           |                                    |                                        |                | NO. MIAMI BO        | NO. MIAMI BCH. FL 33162 |                     |         |                                                                | 06/26/1979                                                                                                                                             | $\Box$   |  |
|                                                                                                                                                                                                   |                                    |                                        |                |                     |                         |                     |         |                                                                | 4. FEI Number Applied For                                                                                                                              | 4        |  |
| -                                                                                                                                                                                                 | Directoral Di                      |                                        |                | 2a. Mailing Address |                         |                     |         |                                                                | NOT APPLICABLE   Not Applicable                                                                                                                        | 븬        |  |
| 2. Principal Place of Business                                                                                                                                                                    |                                    |                                        | <b>├</b> ─     | 26 Maning Address   |                         |                     |         | 6. Certificate of Status Desired S8.75 Additional Fee Required |                                                                                                                                                        |          |  |
| 21                                                                                                                                                                                                | Suite, Apt. #, etc.                |                                        |                |                     | Suite, Apt. #, etc.     |                     |         |                                                                | 6. Election Campaign Financing \$5.00 May Be                                                                                                           | ┪        |  |
| 22                                                                                                                                                                                                | ¬ ''                               |                                        |                | 27                  | 27                      |                     |         |                                                                | Trust Fund Contribution Added to Fees                                                                                                                  |          |  |
|                                                                                                                                                                                                   | City & State                       |                                        |                | City & St           | City & State            |                     |         |                                                                | 7. Is this nonprofit corporation a homeowners association?                                                                                             |          |  |
| 23                                                                                                                                                                                                |                                    |                                        |                | 28                  |                         |                     |         |                                                                | ☐ Yes ☑ No                                                                                                                                             |          |  |
| _                                                                                                                                                                                                 | Zip                                |                                        | Country 25     | Zip                 | ¬ `                     |                     |         |                                                                | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo                                            |          |  |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent                                                                                                                                    |                                    |                                        |                |                     |                         | 1301                |         |                                                                | 10. Name and Address of New Registered Agent                                                                                                           | ┨        |  |
|                                                                                                                                                                                                   |                                    |                                        |                |                     |                         | 1                   | 81 Name |                                                                |                                                                                                                                                        |          |  |
| MANGRU, SIMON D.                                                                                                                                                                                  |                                    |                                        |                |                     |                         | -                   | 82      | Street Addre                                                   | ress (P.O. Box Number is Not Acceptable)                                                                                                               | $\dashv$ |  |
| 375 NE 164 TERRACE                                                                                                                                                                                |                                    |                                        |                |                     |                         |                     |         | 011001710011                                                   | ood (1.0. Do. Hallion to Hot Hood plans of                                                                                                             | ╝        |  |
| NO. MIAMI BCH. FL 33162                                                                                                                                                                           |                                    |                                        |                |                     |                         | [1                  | B3      |                                                                |                                                                                                                                                        |          |  |
|                                                                                                                                                                                                   |                                    |                                        |                |                     |                         | l,                  | 84      | City                                                           | 85 Zip Code                                                                                                                                            | ᅥ        |  |
| L.,                                                                                                                                                                                               |                                    |                                        |                |                     | For the Book            |                     | _       |                                                                | FL V                                                                                                                                                   | 닑        |  |
| <ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida, Such change was authorized.</li> </ol> |                                    |                                        |                |                     |                         |                     |         | named corporati                                                | coration submits this statement for the purpose of changing its registered<br>tion's board of directors. I hereby accept the appointment as registered | 1        |  |
| agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.                                                                                                     |                                    |                                        |                |                     |                         |                     |         |                                                                |                                                                                                                                                        |          |  |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)                                                        |                                    |                                        |                |                     |                         |                     |         | nt algnature require                                           | red when reinstating) DATE                                                                                                                             | -        |  |
| 12                                                                                                                                                                                                |                                    | •                                      | <del></del>    | AND DIRECTORS       |                         | 13.                 |         |                                                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                      |          |  |
| TIT                                                                                                                                                                                               | LE                                 | TD                                     |                |                     | DELETE                  | 1.1 TIT             | LE      |                                                                | Change Addition                                                                                                                                        | ID.      |  |
| NA                                                                                                                                                                                                | MURRAY, JASON                      |                                        |                |                     | 1,2 NAJ                 |                     | ME      |                                                                |                                                                                                                                                        |          |  |
|                                                                                                                                                                                                   |                                    |                                        | W. 24TH STREET |                     |                         |                     |         | ADDRESS                                                        |                                                                                                                                                        |          |  |
| CITY-ST-ZIP MIRAM                                                                                                                                                                                 |                                    |                                        | R FL           |                     |                         |                     |         | T-ZIP                                                          | ☐ Change ☐ Addition                                                                                                                                    | ᆔ        |  |
|                                                                                                                                                                                                   |                                    | DAVIC I                                | MOEI           |                     |                         | 2.1 TITI<br>2.2 NAI |         |                                                                |                                                                                                                                                        |          |  |
| NAME DAVIS, I<br>STREET ADDRESS 695 NE                                                                                                                                                            |                                    | ,                                      | 180TH ST       |                     |                         |                     | -       | ADDRESS                                                        |                                                                                                                                                        |          |  |
| CITY-ST-ZIP N MIAMI B                                                                                                                                                                             |                                    |                                        |                |                     |                         |                     |         | 1-21P                                                          |                                                                                                                                                        |          |  |
|                                                                                                                                                                                                   | TITLE D                            |                                        |                |                     | DELETE 3.1 TO           |                     |         |                                                                | ☐ Change ☐ Addition                                                                                                                                    | 'n       |  |
| NA                                                                                                                                                                                                | ME                                 | MONCR                                  | EFFE DELORES   |                     |                         | 3.2 NA              | ME      |                                                                |                                                                                                                                                        | ļ        |  |
| ST                                                                                                                                                                                                | STREET ADDRESS 310 NE 165TH STREET |                                        |                |                     | 3.3 STREET              |                     |         | address                                                        |                                                                                                                                                        |          |  |
| cn                                                                                                                                                                                                | Y-ST-ZIP                           | N MIAM                                 | I BEACH FL     |                     |                         | 3.4. CI             |         | ST-ZIP                                                         |                                                                                                                                                        | _        |  |
| 111                                                                                                                                                                                               | 'LE                                | S                                      |                | L                   | DELETE                  | 4.1 10              |         |                                                                | ☐ Change ☐ Addition                                                                                                                                    | ווי פונ  |  |
| NA.                                                                                                                                                                                               | ME                                 |                                        | JS, JEAN       |                     |                         | 4. 2 NA             |         |                                                                |                                                                                                                                                        |          |  |
|                                                                                                                                                                                                   | REET ADDRESS                       |                                        | E 147TH STREET |                     |                         |                     |         | ADDRESS                                                        |                                                                                                                                                        |          |  |
| -                                                                                                                                                                                                 | TY-ST-ZIP                          |                                        | MIAMI FL       | <del></del>         | DELETE                  | 4.4 CIT<br>5.1 TIT  | _       | T-ZIP                                                          | ☐ Change ☐ Addition                                                                                                                                    | on.      |  |
|                                                                                                                                                                                                   | ile<br>Me                          | PD                                     | U, SIMON D.    | -                   |                         | 5.2 NA              |         |                                                                |                                                                                                                                                        |          |  |
| i .                                                                                                                                                                                               | REET ADDRESS                       |                                        | 164 TERRACE    |                     |                         |                     |         | ADORESS                                                        |                                                                                                                                                        |          |  |
| ì                                                                                                                                                                                                 | 1Y-S1-ZIP                          |                                        | AI BCH. FL     |                     |                         | 5.4 CIT             |         | - 1                                                            |                                                                                                                                                        |          |  |
|                                                                                                                                                                                                   | LE                                 | 7 7 7 77 77 77 77 77 77 77 77 77 77 77 | n <del></del>  | τ                   | DELETE                  | 6.1 TIT             |         |                                                                | Change Addition                                                                                                                                        | n        |  |
| NA.                                                                                                                                                                                               | ME                                 |                                        |                |                     |                         | 6.2 NA              | ME      |                                                                |                                                                                                                                                        |          |  |
| STREET ADDRESS                                                                                                                                                                                    |                                    |                                        |                |                     | 6.3 STREE               |                     |         | ADDRESS                                                        |                                                                                                                                                        |          |  |
| ۱                                                                                                                                                                                                 |                                    |                                        |                |                     |                         | 6 4 017             | ve      | 1 710                                                          |                                                                                                                                                        |          |  |

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 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.

305-947-5955

Simon D. Mangru (SIMON D

**FILED** 

Apr 06 1998 8:00am

Secretary of State