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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 747814

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/26/1979	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
		30		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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

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: _____ 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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SECRETARY-DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, JASON	1.2 NAME	MURRAY, JASON
STREET ADDRESS	6219 S.W. 24TH STREET	1.3 STREET ADDRESS	701 NW 214 ST., Apt. 703
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	DAVIS, NOEL	2.2 NAME	
STREET ADDRESS	695 NE 180TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
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	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERNEUS, JEAN	4.2 NAME	BOOTHE, SOPHIA
STREET ADDRESS	1015 NE 147TH STREET	4.3 STREET ADDRESS	15600 NE 15 COURT
CITY-ST-ZIP	NORTH MIAMI FL	4.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Simon D. Mangru* (SIMON D. MANGRU) PRESIDENT 4.14.99. (305-947-5955)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)