

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90024 011 ****70.00

DOCUMENT # 747814

1. Entity 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 33162-3541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~GD~~ Delete
 NAME ~~MURRAY, JASON~~
 STREET ADDRESS ~~701 NW 214 ST APT 703~~
 CITY-ST-ZIP ~~MIAMI FL 33160~~

TITLE **SECRETARY-DIRECTOR** Change Addition
 NAME **MANGRU, Theodore**
 STREET ADDRESS **2103 NW 184th. WAY**
 CITY-ST-ZIP **Pembroke Pines, FL 33029**

TITLE ~~D~~ Delete
 NAME ~~DAVIS, NOEL~~
 STREET ADDRESS ~~605 NE 180TH ST~~
 CITY-ST-ZIP ~~N MIAMI BCH FL~~

TITLE **DIRECTOR** Change Addition
 NAME **COLLIS, INDRA**
 STREET ADDRESS **16710 NE 9th AVE**
 CITY-ST-ZIP **N MIAMI Beach, FL 33162**

TITLE **D** Delete
 NAME **MONCRIEFFE DELORES**
 STREET ADDRESS **310 NE 165TH STREET**
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ~~I~~ Delete
 NAME ~~BOOTH, SOPHIA~~
 STREET ADDRESS ~~15600 NE 15 CT~~
 CITY-ST-ZIP ~~NORTH MIAMI FL 33162~~

TITLE **TREASURER-DIRECTOR** Change Addition
 NAME **HIMMELSBACH, SHELDON**
 STREET ADDRESS **78 NW 106 Street**
 CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **PD** Delete
 NAME **MANGRU, SIMON D.**
 STREET ADDRESS **375 NE 164 TERRACE**
 CITY-ST-ZIP **N. MIAMI BCH. FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Simon D. Mangru* (**SIMON D. MANGRU**) President. 4-20-00 (305)-947-5955

CR2E037 (9/99)