

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

004214

DOCUMENT # 747814

02-21-2001 90053 014 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-656-0210**
59-656-0210 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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 ~~SD~~ Delete
 NAME ~~MURRAY, JASON~~
 STREET ADDRESS ~~701 NW 214 ST APT 700~~
 CITY-ST-ZIP ~~MIAMI FL 33169~~

TITLE **SECRETARY-DIRECTOR (SD)** 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 ~~995 NE 100TH ST~~
 CITY-ST-ZIP ~~N MIAMI BCH FL~~

TITLE **DIRECTOR (D)** 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 ~~T~~ Delete
 NAME ~~BOOTH, SOPHIA~~
 STREET ADDRESS ~~15600 NE 15 CT~~
 CITY-ST-ZIP ~~NORTH MIAMI FL 33162~~

TITLE **TREASURER - DIRECTOR (TD)** 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. 2-15-2001. (305)947-5955*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)