

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747814

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: NORTH MIAMI BEACH CHURCH OF THE NAZARENE

**Current Principal Place of Business:**

16501 NE 4TH AVE  
NO. MIAMI BCH., FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

375 NE 164 TERR.  
NO. MIAMI BCH., FL 33162

**New Mailing Address:**

FEI Number: 59-6560210      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD      ( ) Delete  
Name: HANLEY, NIGEL  
Address: 12674 SW 42ND STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: D      ( ) Delete  
Name: MONCRIEFFE, GLORIA  
Address: 15510 NE 15 PLACE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: D      ( ) Delete  
Name: MONCRIEFFE DELORES  
Address: 310 NE 165TH STREET  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SD      ( ) Delete  
Name: HIMMELSBACH, SHELDON  
Address: 9521 SW 1ST COURT  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: PD      ( ) Delete  
Name: MANGRU, SIMON D.  
Address: 375 NE 164 TERRACE  
City-St-Zip: N. MIAMI BCH., FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. NIGEL HANLEY

TD

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date