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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 # N03873

1. Corporation Name
~~SWEETWATER CHURCH OF THE NAZARENE INC.~~
BET-EL CHURCH OF THE NAZARENE, INC.

Principal Place of Business
 2800 S W 102 AVE
 P.O. BOX 6500022
 MIAMI FL 33165-2800

Mailing Address
 P.O. BOX 650022
 MIAMI FL 33265-0022
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/25/1984
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	65-0039370
24. Country	29. Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <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	
PIMIENTA, NEIDA 1731 S.W. 30TH AVE. MIAMI FL 33145		81. Name	SENEIDA SUAREZ
		82. Street Address (P.O. Box Number is Not Acceptable)	11203 N.W. 3rd Terrace
		83.	
		84. City	Miami
		85. Zip Code	FL 33172

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 SENEIDA SUAREZ, Secretary *Senaida Suarez* DATE 4-29-99

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	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIMIENTA, NEIDA	1.2 NAME	PIMIENTA, NEIDA
STREET ADDRESS	1731 S.W. 30 AVE.	1.3 STREET ADDRESS	1731 S.W. 30th Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33145
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLEN, MAGNOROBOAM	2.2 NAME	
STREET ADDRESS	7675 N.W. 2 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLIDGE, ARDEE JR.	3.2 NAME	
STREET ADDRESS	11331 S.W. 5TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMINO, ORLANDO	4.2 NAME	
STREET ADDRESS	10219 S.W. 1ST ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEJIAS, E	5.2 NAME	
STREET ADDRESS	986 NW 106 AVE CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVARADO, NORMA	6.2 NAME	
STREET ADDRESS	14451 SW 163RD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: *Senaida Suarez* **SIGNATURE REQUIRED** DATE 4-29-99 305/448-9416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)