

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003822 (4)

1. Corporation Name

MIAMI BETHANY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

2490 N.W. 35 STREET
MIAMI FL 33142

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MIAMI FL 33142

3. Date Incorporated or Qualified

08/24/1993

4. FEI Number

65-0434291

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JAUREGUI, OBED F REV
2480 N.W. 35 STREET
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name

JAUREGUI, OBED F. REV.

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

611 SE 4 PL

83

84 City

HIALEAH

FL

85 Zip Code

33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/20/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAUREGUI, OBED F	
STREET ADDRESS	2480 NW 35 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	LEIVA, MARIA DE LOS A	
STREET ADDRESS	640 EAST, 2ND AVE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHE, CELINA	
STREET ADDRESS	3421 NW 15TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GOMEZ, HIVYS A	
STREET ADDRESS	625 SE 4 PLACE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MINOSO, JOSE	
STREET ADDRESS	2515 NW 32ND STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAUREGUI, OBED F.	
1.3 STREET ADDRESS	611 SE 4 PL	
1.4 CITY-ST-ZIP	HIALEAH, FL 33142	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REV. OBED F. JAUREGUI 9/20/98 (305)

CR2E037 (5/98)