

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003822

FILED
May 26, 2009
Secretary of State

Entity Name: MIAMI BETHANY CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

2490 N.W. 35 STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2490 N.W. 35 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0434291 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

JAUREGUI, OBED F REV
397 PALMETTO DRIVE
MIAMI SPRINGS, FL 33166 US

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: PD () Delete
Name: JAUREGUI, OBED F
Address: 397 PALMETTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: TD () Delete
Name: RODRIGUEZ, GUILLERMO
Address: 836 NW 17 CT
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: GONZALEZ, REYNA
Address: 2480 NW 35TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: GARCIA, YULI
Address: 611 SE 4 PLACE
City-St-Zip: HIALEAH, FL 33010

Title: VPD () Delete
Name: JAUREGUI, NOEMI
Address: 397 PALMETTO DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: SD () Delete
Name: CAMILO, JOE
Address: 2900 NW 88 STREET
City-St-Zip: MIAMI, FL 33147

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:

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: OBED F. JAUREGUI

REV.

05/26/2009

Electronic Signature of Signing Officer or Director

Date