


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90137 001 \*\*\*\*61.25  
 08-30-2004 90137 002 \*\*\*\*\*8.75

**DOCUMENT # N93000005391**

1. Entity Name  
 NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.



Principal Place of Business  
 P.O. BOX 693606  
 MIAMI, FL 33269 US

Mailing Address  
 P.O. BOX 693606  
 MIAMI, FL 33269 US

**66432908**



2. Principal Place of Business  
 55 FAIRWAY DR  
 Suite, Apt. #, etc. SE  
 City & State MIAMI, SPRING  
 Zip FL 3346 Country FL.

3. Mailing Address  
 P.O. Box 693606  
 Suite, Apt. #, etc.  
 City & State MIAMI, FL  
 Zip 33269 Country FL.

08052004 Chg-NP CR2E037 (10/03)

4. FEI Number 65-0452346 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TEMPLE, MARVIN PRES.  
 55 FAIRWAY DR. #5E  
 MIAMI SPRING, FL 33166

7. Name and Address of New Registered Agent  
 Name MARVIN TEMPLE  
 Street Address (P.O. Box Number is Not Acceptable) 55 FAIRWAY DR SE  
 City MIAMI SPRING FL Zip Code 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M Temple* Date *Aug 27/04*

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

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DELMAR-BACON, MAIDA 20010 NW 83RD CT. HIALEAH, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP GILL Cecilio 2637 Acapulco DR MIRAMAR, FL. 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELMAR, ERNESTO 20010 NW 83RD CT HIALEAH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Yvonne Gill 2637 Acapulco DR MIRAMAR, FL. 33023 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORALES, LUCIO S 12500 NE 15TH AVE. # 202 NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNARD/ David 3738 NW 23 AVE. APT. 1 MIAMI, FL. 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLE, MARVIN 55 FAIRWAY DR. #5E MIAMI SPRING, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TEMPLE/MARVIN 55 FAIRWAY DR SE MIAMI SPRING, FL. 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M Temple* *MARVIN TEMPLE* Date *Aug. 27/04* Daytime Phone # *7862659262*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

66432908



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Business Entity Name

NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.

FEI Number

650452346

FEI Number Status

Applied For Not Applicable Current

Certificate of Status Desired Yes No

Principal Place of Business

Address

P.O. BOX 693606

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33269

US

Mailing Address

Address

P.O. BOX 693606

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33269

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

TEMPLE

MARVIN

PRES.

-or- RA Business Name

Address

55 FAIRWAY DR. #5E

Suite, Apt. #, etc.

City, State

MIAMI SPRING

FL

Zip Code & Country

33166

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

M Temple

66432908



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Business Entity Name

NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.

Election Campaign Financing Trust Fund Contribution  Yes  No

Officer/Director Name And Address

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Attachment

66432908  
# N93000005391

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature  *M Temple*