## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

COSTUME, ERNEST J

770 N.W. 147 ST.

**MIAMI FL 33168** 

Suite, Apt. #, etc.

City & State

130 NW 79TH STREET

MIAMI FL 33150

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NAME

STREET ADDRESS

Zip



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000001106 (2) POCUMENT #

## MIAMI HOLY CHURCH OF THE NAZARENE, INC.

Country

9. Name and Address of Current Registered Ag

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Mailing Ad 130 NW 79T

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**FILED** Mar 26 1998 8:00am Secretary of State

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Mailing Address		······································				
130 NW 79TH STREET MIAMI FL 33150			3. Date Incorporated or Qualified 03/06/1995			
			4. FEI Number	Applied For		
			65-0523896	Not Applicable		
2a. Mailing Address			· · · · · · · · · · · · · · · · · · ·	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No			
gistered Agent	nt 10. Name and Address of New Registered Agent					
	81	Name				

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

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 aigent, 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

83

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE  Signature, wood or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE							
12.	Signature, typoid or printed name of registered agent and title if applicable. (NOTE R OFFICERS AND DIRECTORS	egistered Ageni eignature	required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D DELETE	1.1 TOTALE <b>T</b>	ERNISIER PREVIL Change Addition				
NAME		1.2 NAME	875 N.E 171 TH TERRACE				
STREET ADDRESS	COSTUME, ERNEST J  902 NE SETH ST 770 NW 147 SF MIN  FT. LAUDERDALE FL 33304  FT. LAUDERDALE FL 33304	1.3 STREET ADDRESS					
	FT. LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162				
CITY-ST-ZIP TITLE	D DELETE	2.1 TITLE T	DESMORNES GESNER Change & Addition				
NAME S		2.2 NAME	274 NW 93 STREET				
	RICHARD, BETTY						
STREET ADDRESS	2345 N.E. 135 ST., APT. 203	2.3 STREET ADDRESS	MIAMI FLORIDA 33150				
CITY-ST-ZIP	MIAMI FL 33181 SAME	2. 4 CITY-ST-ZIP	Change D Rawling				
TITLE _	<u> </u>	3.1 TITLE	☐ Change ☐ Addition				
NAME T	LOMBRAGE, ELIDAIN	3.2 NAME					
STREET ADDRESS	11044 NE 4TH AVENUE	3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33161 . SAME	3.4. CITY - ST - ZIP					
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADORESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME	ν <b>.</b>				
STREET ADDRESS		5.3 STREET ADDRESS	1 YEa. 26				
CITY-ST-ZIP		5.4 CITY-ST-ZIP	, 3.00				
TITLE	DELETE	6.1 TITLE					

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 trusten 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 attachmen

6.2 NAME

6.3 STREET ADDRESS

10 00

Zip Code

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\*\*\*70.00