I hereby 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 all other like empowered.

SIGNATURE: FRANCISCO F PALACIOS

I

Electronic Signature of Signing Officer/Director Detail

PASTOR

# 03/11/2022

Date

Officer/Director Detail :				
Title	PD	Title	ТD	
Name	PALACIOS, FRANCISCO JPASTOR	Name	VALLE, ARICIA TREASUR	
Address	1200 SW 19TH AVE	Address	2197 N.W. 18TH TERRACE	
City-State-Zip:	MIAMI FL 33135	City-State-Zip:	# 2 MIAMI FL 33125	
Title	SD			
Name	AVELAR, LISANDRA SECRETARY			
Address	8147 NW 24TH AVE			
City-State-Zip:	MIAMI FL 33147			

## P.O. BOX 45-2222 MIAMI, FL 33245 US FEI Number: 59-1003895 Certificate of Status Desired: No Name and Address of Current Registered Agent: **VIAJESERVI USA** 454 NW 22 AV MIAMI, FL 33125 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

### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **DOCUMENT# 706342**

Entity Name: CALVARY CHURCH OF THE NAZARENE INC

# **Current Principal Place of Business:**

3210 SW 24TH ST MIAMI, FL 33145

### **Current Mailing Address:**

FILED Mar 11, 2022 Secretary of State 0007842380CC

Date