# 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 PALACIOS

Electronic Signature of Signing Officer/Director Detail

# 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 **Officer/Director Detail :** Title PD Title TD Name PALACIOS, FRANCISCO JPASTOR Name PRADO, MARIA OFELIA TREASUR 3359 S.W. 22 TERR Address 1200 SW 19TH AVE Address City-State-Zip: MIAMI FL 33145 MIAMI FL 33135 City-State-Zip: Title SD DE FLORAN, IVANONNA SECRETA Name Address 1618 N.W. 38 ST APT #7-B City-State-Zip: MIAMI FL 33142

PASTOR

05/05/2015 Date

Date

FILED May 05, 2015 Secretary of State CC7830548142

Certificate of Status Desired: No

Entity Name: CALVARY CHURCH OF THE NAZARENE INC

### **Current Principal Place of Business:**

3210 SW 24TH ST MIAMI, FL 33145

# **Current Mailing Address:**

P.O. BOX 45-2222 MIAMI, FL 33245 US

# FEI Number: 59-1003895

#### 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT DOCUMENT# 706342