

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003822

Entity Name: MIAMI BETHANY CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**2490 N.W. 35 STREET
MIAMI, FL 33142**Current Mailing Address:**2490 N.W. 35 STREET
MIAMI, FL 33142**FEI Number:** 65-0434291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAUREGUI, OBED F
2480 NW 35TH STREET
MIAMI, FL 33142 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:** OBED F JAUREGUI

05/04/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, PASTOR
Name JAUREGUI, OBED F REV.
Address 2490 N.W. 35 STREET
City-State-Zip: MIAMI FL 33142

Title TREASURER
Name RODRIGUEZ, GUILLERMO
Address 836 NW 17 CT
City-State-Zip: MIAMI FL 33125

Title DIRECTOR
Name GONZALEZ, REYNA
Address 2480 NW 35TH STREET
City-State-Zip: MIAMI FL 33142

Title DIRECTOR
Name GARCIA, YULI
Address 2480 NW 35TH STREET
City-State-Zip: MIAMI FL 33142

Title SECRETARY
Name CAMILO, JOE
Address 2490 N.W. 35 STREET
City-State-Zip: MIAMI FL 33142

Title DIRECTOR
Name CHE, CELINA
Address 2490 N.W. 35 STREET
City-State-Zip: MIAMI FL 33142

Title VP, OFFICER
Name JAUREGUI, NOEMI
Address 2490 N.W. 35 STREET
City-State-Zip: MIAMI FL 33142

Title DIRECTOR
Name RODRIGUEZ, YUDIESKY
Address 2490 N.W. 35 STREET
City-State-Zip: MIAMI FL 33142

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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: OBED JAUREGUI

PRESIDENT

05/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	AQUINO, PEDRO
Address	2490 N.W. 35 STREET
City-State-Zip:	MIAMI FL 33142