

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001106

Entity Name: MIAMI HOLY CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**130 NW 79TH STREET
MIAMI, FL 33150**Current Mailing Address:**130 NW 79TH STREET
MIAMI, FL 33150**FEI Number:** 65-0523896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIERRE, LERO
151 NW 85TH ST
MIAMI, FL 33150 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_____
Date**Officer/Director Detail :**

Title	S
Name	LAHENS, KATIA SEC.
Address	13455 NE 6 AVENUE
City-State-Zip:	NM ARTP # 204 FL 33161

Title	PASTOR, PRESIDENT
Name	PIERRE, LERO
Address	151 NW 85TH STREET
City-State-Zip:	MIAMI FL 33150

Title	CD.
Name	HYPPOLITE, VELETTE NYI
Address	465 NORTH EAST 161 STREET
City-State-Zip:	NORTH MIAMI BCH FL 33162

Title	MISSIONARY PRESIDENT
Name	KETHLY , ODONA NMI
Address	3500 NW 203 STREET
City-State-Zip:	MIAMI GADENS FL 33056

Title	DEACONESS
Name	RITZA, LAFLEUR NMI,ASST.
Address	130 NW 79TH STREET
City-State-Zip:	MIAMI FL 33150

Title	MUSIC DIRECTOR
Name	WILLY , NOZILE MD
Address	130 NW 79TH STREET
City-State-Zip:	MIAMI FL 33150

Title	TRESURER
Name	ELIDIN, LOMBORAGE TRES.
Address	11044 NE 4TH AVE
City-State-Zip:	MIAMI FL 33161

Title	SUNDAY SCHOOL DIRECTOR
Name	WILNER, NOZILE SAMI
Address	151 NW 85TH ST
City-State-Zip:	MIAMI FL 33150

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: LERO PIERRE**PRESIDENT****03/14/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date