

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:22

DOCUMENT # 706342 (3)
1. Corporation Name
CALVARY CHURCH OF THE NAZARENE INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3210 SOUTHWEST 24 STREET 3210 SOUTHWEST 24 STREET
P.O. BOX 452222 P.O. BOX 452222
MIAMI FL 33145 MIAMI FL 33145

3. Date Incorporated or Qualified **10/29/1963** 3a. Date of Last Report **02/16/1994**
4. FEI Number **59-1003895** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
FIDEL CAMPOS
211 N.W. 19 AVENUE
MIAMI FL 33125

10. Name and Address of New Registered Agent
b1 Name **FIDEL CAMPOS**
b2 Street Address (P.O. Box Number is Not Acceptable) **926 SW 4 ST #1**
b3
b4 City **MIAMI, FL** b5 Zip Code **33130**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **FIDEL CAMPOS, AGENT** DATE **2/15/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALACIOS, FRANCISCO 3228 S.W. 24TH STREET MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, GUILLERMO L. 1420 N.W. 3RD ST. #10 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIDEL CAMPOS <i>MIA</i> 211 N.W 19TH AVENUE MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD FIDEL CAMPOS 926 SW 4 ST #01 MIAMI, FL, 33130
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, above, and, or on an attachment, with an address.

SIGNATURE: **FRANCISCO PALACIOS, DIRECTOR** DATE **02/15/95** TELEPHONE **(305)445-7595**
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR