

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 706342 (3)

1. Corporation Name
CALVARY CHURCH OF THE NAZARENE INC



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 3210 SW 24 ST.		26 P.O. BOX 45-2222		10/29/1963	03/20/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		59-1003895	Not Applicable
24 33145		25 DADE		5. Certificate of Status Desired	\$8.75 Additional Fee Required
29 33145		30 DADE		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FIDEL CAMPOS 926 SW 4 STREET SUITE 1 MIAMI FL 33130				81 Name	ROBERTO GOMEZ		
				82 Street Address (P.O. Box Number is Not Acceptable)	17011 N. BAY RD.		
				83	-----		
				84 City	N. MIAMI BEACH,	FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Roberto Gomez* (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PALACIOS, FRANCISCO	1.1 TITLE	PD PALACIOS FRANCISCO
NAME	3228 S.W. 24TH STREET	1.2 NAME	1200 SW 19 AV.
STREET ADDRESS	MIAMI, FL 00000	1.3 STREET ADDRESS	MIAMI, FL. 33135
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD RODRIGUEZ, GUILLERMO L.	2.1 TITLE	TD MACARIO FONSECA
NAME	1420 N.W. 3RD ST. #10	2.2 NAME	26 NW 17 CT.
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL. 33125
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD FIDEL CAMPOS	3.1 TITLE	SD ROBERTO GOMEZ
NAME	926 SW 4 ST., #01	3.2 NAME	17011 N. BAY RD.
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	N. MIAMI BEACH 33160
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: *Francisco Palacios* FRANCISCO PALACIOS JANUARY 25, 96 (305) 445-7595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)