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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
3210 SW 24TH ST MIAMI FL 33145 US
P.O. BOX 452222 MIAMI FL 33245-2222 US

3. Date Incorporated or Qualified 10/29/1963
3a. Date of Last Report 02/07/1996

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-1003895	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

GOMEZ, ROBERTO
17011 N BAY ROAD
NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81	Name	CAMPOS FIDEL
82	Street Address (P.O. Box Number is Not Acceptable)	1774 SW 9 ST # 2
83	City	MIAMI 33135
84	State	FL
85	Zip Code	33135

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 *Fidel Campos* DATE 2/27/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PALACIOS, FRANCISCO	1.2 NAME	PALACIOS, FRANCISCO
STREET ADDRESS	1200 SW 19TH AVE	1.3 STREET ADDRESS	1200 SW 19TH AVE
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD	2.1 TITLE	TD
NAME	RODRIGUEZ, GUILLERMO L.	2.2 NAME	PEREZ, OLENA
STREET ADDRESS	26 NW 17TH COURT	2.3 STREET ADDRESS	3940 W 11 LANE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	SD	3.1 TITLE	S
NAME	GOMEZ, ROBERTO	3.2 NAME	CAMPOS FIDEL
STREET ADDRESS	17011 N BAY ROAD	3.3 STREET ADDRESS	1774 SW 9 ST APT-2
CITY-ST-ZIP	NORTH MIAMI BEACH FL	3.4 CITY-ST-ZIP	MIAMI, FL 33135
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	200002106712
NAME		5.2 NAME	-03/07/97--01005--001
STREET ADDRESS		5.3 STREET ADDRESS	***70.00
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: 2/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

ADDITIONAL SHEET FOR NEW OFFICERS OR DIRECTORS

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BMD
HARVEY ROSS
119 ROYAL PARK DR 1A
OAKLAND PARK FL