FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REMORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS :

DOCUMENT #

Principal Place of Business

706342

(3)

Mailing Address

CALVARY CHURCH OF THE NAZARENE INC

3210 SW 241H MIAMI FL 33149		P.O. BOX 452222 MIAMI FL 33145			3. Date Incorporated or Qualified	,
US	•	US			10/29/1963	
					4. FEI Number	Applied For
9 Driver Driver	land of D. ciana	Do Malling Address			59-1003895	Not Applicable
2. Principal Place of Business		2a. Mailing Address 26	26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$5.00 May Be
City & State		27	<u> </u>		Trust Fund Contribution	
	9	City & State			7. Is this nonprofit corporation a homeowners to	
Zip	Country	Zip	Cor	intry		
<u> </u>	25	29	30	ii ii y	8. This corporation owes or has paid the currel Personal Property Tax due June 30.	nt year I⊓tangible Yes □ No
·	9. Name and Address of Currer		[30]	*	10. Name and Address of New Registered Ag	
				81 Name		
CAMPOS, FIDEL						
	V 9 STREET #2			82 Street A	Address (P.O. Box Number is Not Acceptable)	
				83		
MIAMI F	L 33133				<u> </u>	
				64 City	FL	85 Zip Code
11 Durament	to the provisions of Sections 617 050	2 and 617 1509 Florida Stat	lutes the si	nove-named		hanging its registered
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.						
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503,	Florida Stat	utes.		
SIGNATURE .	Signature, typod or printed name of registered age		OTE Designation	d Annua sinashina	required when reinstating) DATE	
12.		D DIRECTORS	13.	A Agent signature	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	PD	DELETE	1.1 TI	TLE		Change Addition
NAME	PALACIOS, FRANCISCO		1.2 N/		TERANCIGO PALACIOS	
STREET ADDRESS	1200 SW 19TH AVE			REET ADDRESS	1200 SW 19TH AV.	
CITY-ST-ZIP	40144 60 4446			TY-ST-ZIP	MTAME, FL. 33135	
TITLE	10	DELETE	2.1 (1			Change
NAME	ATT - AL		2.2 N	1	OLENA PFREZ	
STREET ADDRESS	Aman 144 4 4 1 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4		2.3.51	REET ADDRESS	3940 W. 11TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012			ITY-ST-ZIP	HIALFAH, FL. 33012	
TITCE			3 1 Ti			Change Addition
NAME	CAMPOS, FIDEL		3.2 N	ME .	ነ ጥ	
STREET ADDRESS	1774 SW 9 STREET #2		3.3 \$1	REET ADDRESS	PTDEL CAMPOS	
CITY-ST-ZIP	MIAMI FL 33135		3.4. C	ITY-ST-ZIP	3210 SW 24 ST.	
TITLE	SND	DELETE	4.1 TI		мтамт, гл. 33145	Change Addition
NAME	ROSS, HARVEY		4. 2 N	AME		
STREET ADDRESS	119 ROYAL PARK DR 1A		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	QAKLAND PARK FL		4.4 C	TY-ST-ZIP		
TITLE		☐ DELETE	5.1 Ti			Change Addition
NAME			5.2 N	ME		1 /_
STREET ADDRESS			5.3 \$1	reet address		1. 19
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	6.1 Tr	TLE		Change Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 ST	REET ADDRESS	.	
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP	DE	D. 570,00
14. I 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 rectivet 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 attachgoon with an address.						
A STORY TO BE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF						

FILED

Jun 19 1998 8:00am

Secretary of State