

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90001 050 ****70.00

DOCUMENT # 706342 ✓
1. Corporation Name
CALVARY CHURCH OF THE NAZARENE INC

Principal Place of Business
3210 SW 24TH ST
MIAMI FL 33145
US

Mailing Address
P.O. BOX 452222
MIAMI FL 33145
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3210 SW 24 ST	26	3210 SW 24 ST.	10/29/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	MIAMI, FL	27	MIAMI, FL	59-1003895	
City & State		City & State		Applied For	
23	33145 USA	28	33145 USA	Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24	25	29	30	X \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				□ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CAMPOS, FIDEL 1774 SW 9 STREET #2 MIAMI FL 33135				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
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	□ DELETE		1.1 TITLE	□ Change □ Addition		
NAME	PALACIOS, FRANCISCO			1.2 NAME			
STREET ADDRESS	1200 SW 19TH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135			1.4 CITY-ST-ZIP			
TITLE	TD	□ DELETE		2.1 TITLE	□ Change □ Addition		
NAME	PEREZ, OLENA			2.2 NAME			
STREET ADDRESS	3940 W 11 LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33012			2.4 CITY-ST-ZIP			
TITLE	ST	□ DELETE		3.1 TITLE	□ Change □ Addition		
NAME	CAMPOS, FIDEL			3.2 NAME			
STREET ADDRESS	1774 SW 9 STREET #2			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135			3.4 CITY-ST-ZIP			
TITLE		□ DELETE		4.1 TITLE	□ Change □ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		□ DELETE		5.1 TITLE	□ Change □ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		□ DELETE		6.1 TITLE	□ Change □ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/18/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #