

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/29/2006-90061-039-\$70.00-\$70.00

DOCUMENT # 743770
 1. Entity Name
 THE HOUSE OF GOD OF NAZARENE, INC.



Principal Place of Business: 2000 N.W. 93 STREET MIAMI FL 33147
 Mailing Address: 2000 N.W. 93 STREET MIAMI FL 33147

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

FILED
 06 NOV 13 PM 4:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. FEI Number: 75-322-1725
 Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHOOS, S. SCOTT ESQ
 15600 S.W. 288 STREET
 SUITE 312
 HIALEAH FL 33033

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW FEE IS \$61.25 Due By September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: WALKER, ROOSEVELT STREET ADDRESS: 2000 N.W. 93RD. ST. CITY-ST-ZIP: MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: WILSON, CECEILIA STREET ADDRESS: 10820 W. GOLF DR. CITY-ST-ZIP: MIAMI FL 33167	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: STEWART, DEBORAH STREET ADDRESS: 2140 NW 84 STREET CITY-ST-ZIP: MIAMI FL 33147	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: WILSON, ALINE STREET ADDRESS: 189 NW 92 STREET CITY-ST-ZIP: MIAMI SHORES FL 33150	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: BURCH, KATHY STREET ADDRESS: 745 NW 49 STREET CITY-ST-ZIP: MIAMI FL 33127	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Stewart, Secretary 8/19/06 (305) 297-7125
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Deborah Stewart