

2008

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90059 018 ****66.25

DOCUMENT # 763455

1. Entity Name
MIAMI PENIEL CHURCH OF THE NAZARENE, INC.



Principal Place of Business
5801 NE 2ND AVE
MIAMI, FL 33137 US

Mailing Address
Y5801 NE 2ND AVE
MIAMI, FL 33137 US

40066000

2. Principal Place of Business - No P.O. Box #
5801 N.E 2nd Avenue

3. Mailing Address
35 N.W. 193 Terrace

Suite, Apt. #, etc.
Miami, Florida
City & State
33137 U.S.A

Suite, Apt. #, etc.
Miami Gardens, FL
City & State
33169 U.S.A

05012007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2293422

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELANOT, PIERRE
35 N.W. 193 TERR.
MIAMI, FL 33169

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 fee if applicable.

(NOTE: Registered Agent signature required when transferring)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 PD ☐ Delete
NAME PIERRE, DELANDOT
STREET ADDRESS 35 N.W. 193 TERRACE
CITY- ST- ZIP MIAMI, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SD ☐ Delete
NAME CALEB. SAINT V
STREET ADDRESS 1080 NW 196 ST
CITY- ST- ZIP MIAMI, FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE TD ☐ Delete
NAME DOIRIN, LOUIS
STREET ADDRESS 143 N.E. 116 ST.
CITY- ST- ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #