

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763455

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** MIAMI PENIEL CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

5801 NE 2ND AVE  
MIAMI, FL 33137 US

**New Principal Place of Business:**

**Current Mailing Address:**

35 NW 193RD TERRACE  
MIAMI GARDENS, FL 33169 US

**New Mailing Address:**

**FEI Number:** 59-2293422 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PIERRE, DELANDOT  
Address: 35 N.W. 193 TERRACE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: CALEB, SAINT V  
Address: 1080 NW 196 ST  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: DOIRIN, LOUIS  
Address: 143 N.E. 116 ST.  
City-St-Zip: MIAMI, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIERRE DELANOT

PD

05/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date