


2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90059 033 \*\*\*\*70.00

<b>DOCUMENT # N01000002634</b> 1. Entity Name <b>NAZARENE HISPANIC CHAPLAINCY MINISTRIES, INC.</b>					
Principal Place of Business <b>109 APRIL LANE TAMPA, FL 33613</b>			Mailing Address <b>109 APRIL LANE TAMPA, FL 33613</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>06-1743030</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DIAZ, ANTONIO 109 APRIL LANE TAMPA, FL 33613</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIAZ, J. EDGAR</b>		NAME		
STREET ADDRESS	<b>4417 KNOLLWOOD STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CORTES, NANCY ANN</b>		NAME		
STREET ADDRESS	<b>4417 KNOLLWOOD STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA, FL 33614</b>		CITY-ST-ZIP		
TITLE	SDC	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HERRERA, ELADIO</b>		NAME	<b>SDC ANTONIO DIAZ</b>	
STREET ADDRESS	<b>14802 N. FLORIDA AVE. # 0-239</b>		STREET ADDRESS	<b>109 APRIL LANE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>		CITY-ST-ZIP	<b>TAMPA, FL 33613</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			1-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		