


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 033 ****74.25

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1. Entity Name
CHURCH OF THE NAZARENE, LANTANA BETEL, INC.



40109583



Principal Place of Business
 % ESTHER O. RESTREPO
 571 WILKINSON RD.
 LANTANA, FL 33462

Mailing Address
 % ESTHER O. RESTREPO
 571 WILKINSON RD.
 LANTANA, FL 33462

06032008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Iglesia BETEL NAZARENO
 Suite, Apt. #, etc.
2311 N. 10 AVE suite 7A

3. Mailing Address
571 wilkinson Rd.
 Suite, Apt. #, etc.
house

City & State
LAKE WORTH FLA.

City & State
LANTANA FLA.

Zip
33461

Country
PALM BEACH

Zip
33462

Country
PALM BEACH

4. FEI Number
65-0250436

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CHURCH OF NAZARENE
512 N. DIXIE HWY.
LANTANA, FL 33462

7. Name and Address of New Registered Agent
 Name **Iglesia BETEL NAZARENO**
 Street Address (P.O. Box Number is Not Acceptable)
2311 N. 10 AVE suite 7-A
 City **LAKE WORTH** FL Zip Code **33461**

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 *Esther O. Restrepo* DATE 7/1/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 12, 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 NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, MIGUEL REV 4062 NO BROWNING DR WEST PALM BCH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR MIGUEL SUAREZ 4062 BROWNING DR. WEST PALM BEACH FL. 33406 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RESTREPO, ESTHER 571 WILKINSON RD LANTANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY AND TREASURER ESTHER O. RESTREPO 571 WILKINSON RD. LANTANA, FL 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GARCIA, PEDRO 1012 ALTO RD LANATANA, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Pedro PAGAN 1012 ALTO RD. LANTANA, FLA. 33462 <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
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
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 *Miguel Suarez* DATE 7/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #