

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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|---|---|---|--|
| DOCUMENT # N02000005452 1. Entity Name FORT LAUDERDALE METROPOLITAN CHURCH OF THE NAZARENE, INC. | | | |
| Principal Place of Business 2300 SW 15 AVE FT LAUDERDALE, FL 33315 | | Mailing Address 2300 SW 15 AVE FT LAUDERDALE, FL 33315 | |
| 2. Principal Place of Business Metropolitan Church of the Nazarene Suite, Apt. #, etc. 2300 SW 15th AVE | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State Fort Lauderdale | | City & State | |
| Zip 33315 | | Country Florida | |
| 4. FEI Number 30-0072022 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ME;SPM, [OERRE] REV BLANC Johnny 2300 SW 15 AVE FT LAUDERDALE, FL 33315 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 Blanc Johnny <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | Heree Beef 12-23-04 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50 | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 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 | D <input type="checkbox"/> Delete BLANC, JOHNNY PASTOR 2300 SW 15 AVE. FT. LAUDERDALE, FL 33315 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete AUGUSTIN, PHILOMENE JEAN 2300 SW 15 AVE. FT. LAUDERDALE, FL 33315 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600044231 P18 01/06/05--01043--011 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DALGER, RIGOBERT 2300 SW 15 AVE. FT LAUDERDALE, FL 33315 | 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 exemption stated in Section 119.07(3)(i), 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: Heree Beef <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 12-23-04 <small>Date Daytime Phone #</small> | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004