

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03873 (9)
1. Corporation Name
SWEETWATER CHURCH OF THE NAZARENE INC.



Principal Place of Business
**2800 S W 102 AVE
P.O. BOX 6500022
MIAMI FL 33165-2800**

Mailing Address
**2800 S W 102 AVE
P.O. BOX 6500022
MIAMI FL 33165-2800**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 **33265-0022**

2a. Mailing Address
26 P.O. BOX 650022
27 Suite, Apt. #, etc.
28 City & State
29 MIAMI FL
30 Zip

3. Date Incorporated or Qualified
06/25/1984

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0039370

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PIMIENTA, NEIDA
1731 S.W. 30TH AVE.
MIAMI FL 33145**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | PIMIENTA, NEIDA | |
| STREET ADDRESS | 1731 S.W. 30 AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GUILLEN, MAGNOROBOAM | |
| STREET ADDRESS | 7675 N.W. 2 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | COOLIDGE, ARDEE JR. | |
| STREET ADDRESS | 11331 S.W. 5TH ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SEMINO, ORLANDO | |
| STREET ADDRESS | 10219 S.W. 1ST ST. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RIVAS, ESPERANZA | |
| STREET ADDRESS | 4224 S.W. 136TH PLACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | ALVARADO, NORMA | |
| STREET ADDRESS | 3616 S.W. 113TH CT. | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D ALVARADO, NORMA |
| 6.3 STREET ADDRESS | 14451 S.W. 163rd ST |
| 6.4 CITY-ST-ZIP | MIAMI FL 33177 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Neida Pimienta

Neida Pimienta

04-25-96

305/533-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)