

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2007
Secretary of State**

DOCUMENT# N04000003418

Entity Name: CHURCH OF THE NAZARENE BY FAITH & PRAYER, INC.

Current Principal Place of Business:

7640 NE 2ND AVE.
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

7020 NW 3RD AVE.
MIAMI, FL 33150

New Mailing Address:

FEI Number: 77-0629860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEMOSTHENES, FRITZ
7020 NW 3RD AVE.
MIAMI, FL 331503927 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: D () Delete
Name: DEMOSTHENS, FRITZ
Address: 7020 NW 3RD AVE.
City-St-Zip: MIAMI, FL 331503927

Title: D () Delete
Name: DEMOSTHENS, MULTIDA M
Address: 7020 NW 3RD AVE.
City-St-Zip: MIAMI, FL 331503927

Title: D () Delete
Name: THELEMAQUE, YVELINE
Address: 7640 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MERCELIA, FRITZ
Address: 7640 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: GASTON, BARNAVE C
Address: 13905 NE 9TH AVE.
City-St-Zip: N. MIAMI, FL 33161

Title: D () Delete
Name: DEMOSTHENS, FRITZLAINE
Address: 7020 NW 3RD AVE.
City-St-Zip: MIAMI, FL 331503927

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:

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

Title: D (X) Change () Addition
Name: CESAR, ALCINE
Address: 7640 NE 2ND AVE.
City-St-Zip: MIAMI, FL 33138

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRITZ DEMOSTHENES

D

04/15/2007

Electronic Signature of Signing Officer or Director

Date