2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N04803

1. Entity Name
HIALEAH CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
310 EAST 5 STREET HIALEAH, FL 33010 US	SANTIESTEBAN, MELQUIADES 310 E 5TH ST HIALEAH, FL 33010-1824

DO NOT WRITE IN THIS SPACE

03292004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2698238
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIESTEBAN, MELQUIADES
310 E 5TH ST
HIALEAH, FL

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTIESTEBAN, MELQUIADES
STREET ADDRESS	971 W. 64 PLACE
CITY-ST-ZIP	HIALEAH, FL
TITLE	TD
NAME	EMILIO ALVAREZ
STREET ADDRESS	6035 ALTON RD
CITY-ST-ZIP	MIAMI BCH, FL 33140
TITLE	SD
NAME	NUNEZ, STUART
STREET ADDRESS	310 E. S ST
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80032-015 70.00

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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: -Melquiades Santiesteban 3-28-2004 405-008-8657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #