2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N04803

Entity Name: HIALEAH CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

310 EAST 5 STREET
HIALEAH, FL 33010 US

New Principal Place of Business:

Current Mailing Address:

SANTIESTEBAN, MELQUIADES
310 E 5TH ST
HIALEAH, FL 330101824

New Mailing Address:

310 EAST 5 STREET
HIALEAH, FL 330101824

FEI Number: 59-2698238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANTIESTEBAN, MELQUIADES
310 E 5TH ST
HIALEAH, FL 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: PD ( ) Delete
Name: SANTIESTEBAN, MELQUI, ADES
Address: 971 W. 64 PLACE
City-St-Zip: HIALEAH, FL

Title: TD ( ) Delete
Name: EMILIO ALVAREZ,
Address: 6035 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: SD ( ) Delete
Name: NUNEZ, STUART
Address: 310 E. S ST
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SANTIESTEBAN, MELQUIADES
Address: 971 W. 64 PLACE
City-St-Zip: HIALEAH, FL

Title: TD (X) Change ( ) Addition
Name: ALVAREZ, EMILIO
Address: 6035 ALTON RD
City-St-Zip: MIAMI BCH, FL 33140

Title: SD (X) Change ( ) Addition
Name: NUNEZ, STUART
Address: 310 E. 5 ST
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELQUIADES SANTIESTEBAN PD 01/06/2005

Electronic Signature of Signing Officer or Director Date