

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011131

FILED
Apr 19, 2008
Secretary of State

Entity Name: NAZARENE COMPASSIONATE MINISTRY AND EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

1400 NE 5TH AVE.
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1400 NE 5TH AVE.
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 55-0917442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JASMIN, ANTOINE J
1400 NE 5TH AVE.
FORT LAUDERDALE, FL 33304 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: P () Delete
Name: JASMIN, ANTOINE J
Address: 900 NE 17TH CT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: D () Delete
Name: JASMIN, ANGELINA
Address: 900 NE 17TH CT
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: S () Delete
Name: PRESUME, ROOSEVELT
Address: 400 PENNSYLVANIA AVE.
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: T () Delete
Name: MICHEL, MARIE LOURDES
Address: 8655 NORTH MIAMI AVE.
City-St-Zip: MIAMI, FL 33315

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:

I hereby certify that the information supplied with this filing does not qualify 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: ANGELINA JASMIN

D

04/19/2008

Electronic Signature of Signing Officer or Director

_____ Date