

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011131

**FILED**  
**Apr 06, 2010**  
**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  
Name: JASMIN, ANTOINE J  
Address: 900 NE 17TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ANGELINA T JASMIN

P

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date