


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90413 037 \*\*\*\*\*75.00

<b>DOCUMENT # N25657</b>	
1. Entity Name <b>EL MESIAS CHURCH OF THE NAZARENE, INC.</b>	

Principal Place of Business <b>4262 10TH AVE N LAKE WORTH FL 33460 US</b>	Mailing Address <b>1108 HIGHVIEW ROAD LANTANA FL 33461 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
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1st MOORE CR2E037 (10/06)

4. FEI Number <b>65-0077575</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CRUZ, RUBEN 4262 10TH AVENUE, NORTH LAKE WORTH FL 33460</b>	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CRUZ, RUBEN 1108 HIGHVIEW ROAD LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CRUZ, RUBEN 1108 HIGHVIEW ROAD. LANTANA, FLA. 33462 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD JUSINO, MARILU 1310 N 'K' ST LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD PEREZ ANGELICA 16101 HALF MILE RD. #E6 DELRAY BEACH, FLA. 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MORADEL, CARLOS A 7026 W. PERRY ST. LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD MORADEL CARLOS 3847 GESAMIUN, PL. WILLINGTON FLA. 33416 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D URITA, JOSE 1133 EMORY DR WEST PALM BEACH FL 33461 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	D URITA, JOSE 1213 ZILL ST. W.P.B. 33409 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	NWMS RIVERA, ROSA 3905 KEWANEE RD. LAKE WORTH FL 33462 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	NWMS PEREZ ANGELICA 16101 HALF MILE RD. #E6 DELRAY BEACH, FLA. 33446 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	NWMS MARTIN, MIHUEL 727 N. F. ST. LAKE WORTH FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	NWMS URITA REINA 1213 ZILL ST. WEST PALM B. FLA 33409 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Ruben P Cruz 4-06-07