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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortherm</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38154** (3)

1. Corporation Name

**CORAL VILLAGE CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

**2800 SW 102 AVE  
MIAMI FL 33165**

Mailing Address

**2800 SW 102 AVE  
MIAMI FL 33165**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SERROTT, CLYDE A.  
2800 SW 102 AVE  
MIAMI FL 33165**

3. Date Incorporated or Qualified

**05/16/1990**

4. FEI Number

**59-1572941**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

**MYRON J. MONIZ**

82 Street Address (P.O. Box Number is Not Acceptable)

**2800 SW 102 AVE.**

83

84 City

**MIAMI**

FL

85 Zip Code

**33165**

11. Pursuant to the provisions of Sections 617.05(2) and 617.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.05(3), Florida Statutes.

SIGNATURE

*Myron J. Moniz*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-13-98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

**BATES, HELEN**

STREET ADDRESS

**10220 S.W. 28 ST.**

CITY-ST-ZIP

**MIAMI FL**

TITLE ☐ DELETE

NAME

**ROLLSTON, RON**

STREET ADDRESS

**424 NW 60 AVE**

CITY-ST-ZIP

**MIAMI FL 33126**

TITLE ☒ DELETE

NAME

**SERROTT, CLYDE A.**

STREET ADDRESS

**10220 SW 28 ST**

CITY-ST-ZIP

**MIAMI FL 33165**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D MYRON J. MONIZ  
10220 S.W. 28 ST.  
MIAMI, FL - 33165-2800**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in Block 13 if added.

SIGNATURE:

*Myron J. Moniz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-98**

Date

Daytime Phone # 0032120

CR2E037 (10/97)