

FILE NOW: FILING FEE IS \$61.25

Amended

AMENDED NONPROFIT CORPORATION ANNUAL REPORT
1998 \$61.25

 FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 SEP 21 PM 3:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N38154
 1. Corporation Name
CORAL VILLAGE CHURCH OF THE NAZARENE, INC.

Principal Place of Business Mailing Address
2800 S.W. 102 AVE. 10220 S.W. 28 ST.
MIAMI, FL-33165 MIAMI, FL-33165

3. Date Incorporated or Qualified
MAY 16, 1990

4. FEI Number
59-1572941
 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country
 24 25 29 30

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLYDE A. SERROTT
10220 S.W. 28 ST
MIAMI, FL-33165

81 Name **REV. ARDEE COOLIDGE, JR.**
 82 Street Address (P.O. Box Number is Not Acceptable)
10220 S.W. 28 ST.
 83
 84 City **MIAMI** **FL** 85 Zip Code **33165**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **REV. ARDEE COOLIDGE, JR.** *Ardee B. Coolidge* **9-18-98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☒ DELETE	11 TITLE	☒ Change ☐ Addition
NAME	HELEN C. BATES	12 NAME	NEIDA PIMIENTA
STREET ADDRESS	6087 S.W. 26 ST.	13 STREET ADDRESS	1731 S.W. 30 AVE.
CITY-ST-ZIP	MIAMI, FL-33155	14 CITY-ST-ZIP	MIAMI, FL-33145
TITLE	☒ DELETE	21 TITLE	☒ Change ☐ Addition
NAME	RON ROLLSTON	22 NAME	ORLANDO SEMINO
STREET ADDRESS	424 N.W. 60 AVE.	23 STREET ADDRESS	10219 S.W. 1 ST.
CITY-ST-ZIP	MIAMI, FL-33126	24 CITY-ST-ZIP	MIAMI, FL-33174
TITLE	☒ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	CLYDE A. SERROTT	32 NAME	MAGNOROBOAM GUILLEN
STREET ADDRESS	10220 S.W. 28 ST.	33 STREET ADDRESS	310 S.W. 116 CT.
CITY-ST-ZIP	MIAMI, FL-33165	34 CITY-ST-ZIP	MIAMI, FL-33174
TITLE	☐ DELETE	41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	ARDEE COOLIDGE, JR.
STREET ADDRESS		43 STREET ADDRESS	10220 S.W. 28 ST.
CITY-ST-ZIP		44 CITY-ST-ZIP	MIAMI, FL-33165
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: **ARDEE B. COOLIDGE, JR.** *Ardee B. Coolidge* **(9-18-98) (305) 729-4743**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)