

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90117 003 \*\*\*\*61.25

**DOCUMENT # N38154**

1. Entity Name

**BETH-EL CHURCH OF THE NAZARENE, INC.**

Principal Place of Business

Mailing Address

**2800 SW 102 AVE  
 MIAMI FL 33165**

**P O BOX 650022  
 MIAMI FL 33265-0022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0991797**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOLIDGE, JR., ARDEE REV.  
 10220 S.W. 28 STREET  
 MIAMI FL 33165**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PIMIENTA, NEIDA</b>	
STREET ADDRESS	<b>1731 S.W. 30TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEMINO, ORLANDO</b>	
STREET ADDRESS	<b>10219 S.W. 1 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SUAREZ, ENEIDA</b>	
STREET ADDRESS	<b>11203 NW 3RD TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>COOLIDGE, ARDEE JR.</b>	
STREET ADDRESS	<b>10220 S.W. 28 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 another like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-02 305/448-9416**

Date

Daytime Phone #

CR2E037 (9/01)