

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N38154 1. Entity Name BETH-EL CHURCH OF THE NAZARENE, INC.	
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Principal Place of Business 2800 SW 102 AVE MIAMI FL 33165	Mailing Address P O BOX 650022 MIAMI FL 33265-0022
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



1st MOORE CR2E037 (10/04)

4. FEI Number **65-0991797** Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE	(U)0000303071		
NAME	04/13/05-80097-005 61.25	<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Neida Pimienta, Treasurer 4-02-05 305/448-941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DocTime Phone #