

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N43185** (0)

1. Corporation Name

FAMILY OF GOD CHURCH OF THE NAZARENE INC.



Principal Place of Business

Mailing Address

11960 NW 87 COURT #2
HIALEAH GARDENS FL 33016

11960 NW 87 COURT #2
HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified **04/26/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip 25 Country

29 Zip 30 Country

4. FEI Number

65-0252611

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☒ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JAUREGUI, FRANCISCO
642 EAST 2 AVE.
HIALEAH FL 33010

81 Name **HERNANDEZ CALIXTO**

82 Street Address (P.O. Box Number is Not Acceptable) **2270 W 54 PLACE #2.**

83

84 City **HIALEAH FL** 85 Zip Code **33016**

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

Signature, typed or printed name of registered agent, and if not applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☒ DELETE
NAME **HERNANDEZ, CALIXTO**
STREET ADDRESS **2270 W 54 PLACE #2**
CITY-ST-ZIP **HIALEAH FL**

TITLE **PD** ☒ DELETE
NAME **JAUREGUI, FRANCISCO**
STREET ADDRESS **642 EAST 2 AVE.**
CITY-ST-ZIP **HIALEAH FL 33010**

TITLE **SD** ☐ DELETE
NAME **DIAZ, BERENICE**
STREET ADDRESS **4145 EAST 2 AVE.**
CITY-ST-ZIP **HIALEAH FL 33013**

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

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **CIRO DIAZ**
1.3 STREET ADDRESS **4145 EAST 2 AVE**
1.4 CITY-ST-ZIP **HIALEAH FL 33013**

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **HERNANDEZ CALIXTO**
2.3 STREET ADDRESS **2270 W 54 PL #2.**
2.4 CITY-ST-ZIP **HIALEAH FL 33016**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **300001846943**
6.3 STREET ADDRESS **-06/03/96--01015--011**
6.4 CITY-ST-ZIP *****75.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

CALIXTO HERNANDEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/96
Date

6814990
Daytime Phone #

CR2E037 (12/95)