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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33018-1977

3. Date Incorporated or Qualified
04/26/1991

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 8200 NW 103 ST

2a. Mailing Address

26 8200 NW 103 ST

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

23 HIALEAH GARDENS FL

City & State

28 HIALEAH GARDENS FL

Zip

24 33016

Country

25 U.S.A.

Zip

29 33016

Country

30 USA

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

CALIXTO, HERNANDEZ
2270 W. 54 PLACE #2
HIALEAH FL 33016

81 Name

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

83

84 City

FL

85 Zip Code

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 CALIXTO HERNANDEZ

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	TD	<input type="checkbox"/> DELETE
NAME	DIAZ, CIRO	
STREET ADDRESS	4145 EAST 2 AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALIXTO, HERNANDEZ	
STREET ADDRESS	2270 W. 54 PLACE #2	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIAZ, BERENICE	
STREET ADDRESS	4145 EAST 2 AVE.	
CITY-ST-ZIP	HIALEAH FL 33013	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: CALIXTO HERNANDEZ

3-16-97

681-49-90

Date

Daytime Phone # 0023421

CR2E037 (9/96)