

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90137 001 ****61.25
08-30-2004 90137 002 *****8.75

DOCUMENT # N93000005391
1. Entity Name
**NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS
(N.A.C.A.M.), INC.**



Principal Place of Business
P.O. BOX 693606
MIAMI, FL 33269 US

Mailing Address
P.O. BOX 693606
MIAMI, FL 33269 US

66432908



2. Principal Place of Business
55 FAIRWAY DR
Suite, Apt. #, etc.
5E
City & State
MIAMI SPRING
Zip
FL 33166 Country
FL

3. Mailing Address
P.O. Box 693606
Suite, Apt. #, etc.
City & State
MIAMI, FL
Zip
33269 Country
FL

08052004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0452346

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TEMPLE, MARVIN PRES.
55 FAIRWAY DR. #5E
MIAMI SPRING, FL 33166

7. Name and Address of New Registered Agent
Name
MARVIN TEMPLE
Street Address (P.O. Box Number is Not Acceptable)
55 FAIRWAY DR 5E
City
MIAMI SPRING FL Zip Code
33166

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 **M Temple** **Aug 27/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELMAR-BACON, MAIDA		NAME	GILL CECILIO	
STREET ADDRESS	20010 NW 83RD CT.		STREET ADDRESS	2637 Acapulco DR	
CITY-ST-ZIP	HIALEAH, FL 33015		CITY-ST-ZIP	MIRAMAR, FL. 33023	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELMAR, ERNESTO		NAME	Yvonne Gill	
STREET ADDRESS	20010 NW 83RD CT		STREET ADDRESS	2637 Acapulco DR	
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP	MIRAMAR, FL. 33023	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, LUCIO S		NAME	BENARD David	
STREET ADDRESS	12500 NE 15TH AVE. # 202		STREET ADDRESS	3738 NW 23 AVE. APT. 1	
CITY-ST-ZIP	NORTH MIAMI, FL 33161		CITY-ST-ZIP	MIAMI, FL. 33142	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLE, MARVIN		NAME	TEMPLE MARVIN	
STREET ADDRESS	55 FAIRWAY DR. #5E		STREET ADDRESS	55 FAIRWAY DR 5E	
CITY-ST-ZIP	MIAMI SPRING, FL 33166		CITY-ST-ZIP	MIAMI SPRING, FL. 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: **M Temple** **MARVIN TEMPLE** **Aug. 27/04** **7862659262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
66432908
Division of Corporations

Annual Report

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Document Number

N93000005391

Business Entity Name

NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.

FEI Number

650452346

FEI Number Status

☐

Applied For

☐

Not Applicable

☒

Current

Certificate of Status Desired

☐

Yes

☒

No

Principal Place of Business

Address

P.O. BOX 693606

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33269

US

Mailing Address

Address

P.O. BOX 693606

Suite, Apt. #, etc.

City, State

MIAMI

FL

Zip Code & Country

33269

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

TEMPLE

MARVIN

PRES.

-or- RA Business Name

Address

55 FAIRWAY DR. #5E

Suite, Apt. #, etc.

City, State

MIAMI SPRING

FL

Zip Code & Country

33166

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

66432908



Division of Corporations

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Document Number

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Business Entity Name

NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title	VD			
Name (Last, First, Middle, Title)	GILL	CECILIO		
-or- Entity Name				
Street Address	2637 ACAPULCO DR			
City, State	MIRAMAR	FL		
Zip Code & Country	33023			
Title	SD			
Name (Last, First, Middle, Title)	GILL	YVONNE		
-or- Entity Name				
Street Address	2637 ACAPULCO DR			
City, State	MIRAMAR	FL		
Zip Code & Country	33023			
Title	T			
Name (Last, First, Middle, Title)	BENARD	DAVID		
-or- Entity Name				
Street Address	3738 NW 23 AVENUE, APT 1			
City, State	MIAMI	FL		
Zip Code & Country	33142			

66432908
#N93000005391

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature 

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