



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2005 8:00 am
Secretary of State

05-26-2005 90027 033 ****70.50

DOCUMENT # N93000005391					
1. Entity Name NICARAGUAN ATLANTIC COAST ANGLICAN MEMBERS (N.A.C.A.M.), INC.					
Principal Place of Business 55 FAIRWAY DR 5 E MIAMI SPRING, FL 33186 US			Mailing Address P.O. BOX 693606 MIAMI, FL 33269 US		
2. Principal Place of Business 55 FAIRWAY DR Suite, Apt. #, etc. 5E		3. Mailing Address P.O. BOX 693606 Suite, Apt. #, etc.			
City & State: MIAMI SPRING		City & State: MIAMI FL		04222005 Chg-NP CR2E037 (10/03)	
Zip: 33166 Country: USA		Zip: 33269 Country: USA		4. FEI Number 65-0452346	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TEMPLE, MARVIN 55 FAIRWAY DR. #5E MIAMI SPRING, FL 33166			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State 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 <u>Marvin Temple</u> DATE <u>May 24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	V GIL, CECILO 2637 ACAPULCO DR MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GILL, YVONNE 2637 ACAPULCO DR MIRAMAR, FL 33023	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENARD, DAVID 3738 NW 23 AVE APT 1 MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TEMPLE, MARVIN 55 FAIRWAY DR. #5E MIAMI SPRING, FL 33166	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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: <u>Marvin Temple</u> DATE <u>May 24/05</u> DAYTIME PHONE # <u>7862659262</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					