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 # **N94000002179 (9)**

1. Corporation Name
KISSIMMEE HISPANIC CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
2361 FORTUNE RD KISSIMMEE FL 34744	2361 FORTUNE RD KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 2367 Fortune Rd.	26 2367 Fortune Rd.
Suite, Apt. #, etc. 22 Kissimmee, FL	Suite, Apt. #, etc. 27 Kissimmee, FL
City & State 23	City & State 28
Zip / Country 24 34744 / 25 Osceola	Zip / Country 29 34744 / 30 Osceola

4. FEI Number: 59-3252595 ☐ 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

JIMENEZ, BENJAMIN
819 N THACKER AVE.
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Jimenez, Benjamin
82 Street Address (P.O. Box Number is Not Acceptable): 819 N. Thacker Ave.
83: Kissimmee,
84 City: FL 85 Zip Code: 34741

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIMENEZ, BENJAMIN 819 N THACKER AVE KISSIMMEE FL 34741	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROMAN, FREDDY 242 LA PAZ DR. KISSIMMEE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Baez, Rafael 303 Drake Elm Dr. Kissimmee, FL 34743	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTA, FELIX 2524 PARSONS POND CR. KISSIMMEE FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Rodriguez, Duhamel 12228 Viti St. Orlando, FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARDONA, JOSE 8001 MAGNOLIA RIDGE DR LAKELAND FL 33809	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CARVAJAL, ANA 3227 ST. AUGUSTINE CT. KISSIMMEE FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S Rodriguez, Carmen 12228 Viti St. Orlando, FL 32837	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NUNEZ, MARLENE 215 RED MAPLE DR. KISSIMMEE FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	T Baez, Rafael 303 Drake Elm Dr. Kissimmee, FL 34743	☒ Change ☐ Addition

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: Carmen L. Rodriguez Secretary 4/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)