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Apr 25 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 # N94000002179 (9)  
1. Corporation Name  
KISSIMMEE HISPANIC CHURCH OF THE NAZARENE, INC.



Principal Place of Business Mailing Address  
2367 FORTUNE RD KISSIMMEE FL 34744 US  
2367 FORTUNE RD KISSIMMEE FL 34744-3969 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	04/29/1994	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		59-3252595	Not Applicable
23	24	28	29	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country	Zip	Country	<input type="checkbox"/>	<input type="checkbox"/>
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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
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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, BENJAMIN	
STREET ADDRESS	819 N THACKER AVE	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BAEZ, RAFAEL	
STREET ADDRESS	303 DRAKE ELM DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, DUHAMEL	
STREET ADDRESS	12228 VITI ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARDONA, JOSE	
STREET ADDRESS	8001 MAGNOLIA RIDGE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARMEN	
STREET ADDRESS	12228 VITI ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nieves, Alfonso	
1.3 STREET ADDRESS	2110 R.J. Circle	
1.4 CITY-ST-ZIP	Kissimmee, FL 34741	
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	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Roman, Sherley	
6.3 STREET ADDRESS	242 La Paz Dr.	
6.4 CITY-ST-ZIP	Kissimmee, FL 34743	

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 \_\_\_\_\_ DATE 4/17/97

CR2E037 (9/96)