2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2004 8:00 am Secretary of State DOCUMENT # N94000002179 05-04-2004 90146 030 ****61.25 KISSIMMEE HISPANIC CHURCH OF THE NAZARENE INC. Principal Place of Business Mailing Address 2367 FORTUNE RD 2367 FORTUNE RD KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-3252595 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARDONA, JOSE 2831 BERKSHIRE CIRCLE KISSIMMEE FL 34743 KISSIMMLE POBOX 430033 34743 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. 04/28/04 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to .Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITI F ☐ Change **Addition** REYNAIDO HEYNANDEL JIMENEZ, BENJAMIN NAME 819 N THACKER AVE 254 LA PAZ Dr. STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34741 CITY-ST-ZIP CITY-ST-ZIP KISSIMMEC FL THEF 💹 Delete TITLE ☐ Change **Addition** DANOIS, EDA EdNA ROSAdo NAME NAME 2852 BERK Shiff CiR. 2332 HARBOR TOWN DR STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 .CITY - ST - ZIF CiTY-ST-ZIP KISSIMHEC FL 34743 TITLE Change Delete TITLE 🗷 Addition ISRAEL COLON CARDONA, JOSE . MALIE NAME 2831 BERKSHIRE CIRCLE 509 Osprey Lane STREET ADDRESS STREET ADORESS KISSIMMEE FL 34743 Winter Aprings, F1. 32708 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DE JESUS, DINO NAME NAME 2476 PARSON POND CIRCLE STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITI F TITLE ☐ Change ☐ Delete ☐ Addition ARROYO, NELSON NAME NAME 93 ALDERWOOD DR STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIF CITY-ST-ZIP BTLE ☐ Addition ☐ Delete TILE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 eath; 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 an address, with all other like empowered

TRAASUREY

SIGNATURE:

FILED