## FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra 🛱 Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # N9400004497 (3)

	CHURCH OF THE NAZARI				
Principal Plac	e of Business	Mailing Address		, 105((5) 8(8 18)) 6(8) 85(() 85(() 85))	iet Aftert at Die Erfeid Inest 1861 1861
8288 BISCAYNE BLVD MIAMI FL 33138		8288 BISCAYNE BLVD Miami Fl 33138		3. Date Incorporated or Qualified	<del></del>
				09/08/1994	
				4. FEI Number	Applied For
2. Principal P	Place of Business	2a. Malling Address		65-0336399	Not Applicable
21		26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeon	
Zip	Country	<b>28</b>	Country	☐ Yes	_ <del></del>
24]	26	L '	30	<ol> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ol>	current year Intangible
<u> </u>	9. Name and Address of Curre		301	10. Name and Address of New Registe	
			81 Name		
AMILCAR, ANTHONY			62 Street Ad	ddress (P.O. Box Number is Not Acceptable)	<u> </u>
8288 BISCAYNE BLVD					
MIAMI FL 33138			83		
			84 City		85 Zip Code
					╸┖╴┤╶│
agent. I a	Sign for type or printed name of registered as		Registered Agent signature re-	orporation submits this statement for the purporation's board of directors. I hereby accept the quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS	TE
TITLE	D OTTICE IN A	DELETE	<del></del>	~ YABETABU	
NAME	AMILCAR, ANTHONY		1.2 NAME	From Delince PRI	100
STREET ADDRESS	19430 NE 1 CT		1.3 STREET ADDRESS	ING I NE ISTANCT	-
CITY-ST-ZIP	MIAMI FL 33179		1.4 CITY-ST-ZIP	Jean Delince PRINGE 19611 NE INCOURT	53179
TITLE	Đ /	DELETE	2.1 TITLE		Change Addition
NAME	JUSTE, MABLÉNE	<i>₹</i>	2.2 NAME		
STREET ADDRESS	109 NW PATH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMIFL 33161		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, LOUIS		3.2 NAME		
STREET ADDRESS	928 NE 82ND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33138	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		- Office	4. 2 NAME		change Audition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

I hereby certify that the information supplied with this filing does not qualify of 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.

**6.3 STREET ADDRESS** 

SIGNATURE.

STREET ADDRESS CITY-ST-ZIP

D. - 11-005

BEN ANTHONY AMILCAR 2-16-98

**FILED** 

Mar 10 1998 8:00am

Secretary of State