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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000892

1. Corporation Name

FORT LAUDERDALE SPANISH CHURCH OF THE NAZARENE, INC.

Principal Place of Business

2300 SW 15 AVE.
FT. LAUDERDALE FL 33315

Mailing Address

2300 SW 15 AVE.
FT. LAUDERDALE FL 33315



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

02/16/1996

4. FEI Number

65-0633501

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

9. Name and Address of Current Registered Agent

ROLDAN, JOSE
2300 SW 15 AVE.
FT. LAUDERDALE FL 33315

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROLDAN, JOSE**
STREET ADDRESS **6204 MAYO ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE **D** ☐ DELETE

NAME **ROMERO, IVY R**
STREET ADDRESS **3320 IVY WAY**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **D** ☐ DELETE

NAME **DIAZ, BETHSAIDA**
STREET ADDRESS **6520 GARFIELD ST.**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ DELETE

NAME **LANDINO, EDUARDO**
STREET ADDRESS **6405 MEADE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☒ DELETE

NAME **CARTAGENA, MANUEL**
STREET ADDRESS **7203 MCKINLEY ST**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ DELETE

NAME **CANIZALES, OSMAN**
STREET ADDRESS **1155 NE 181TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 33162**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Figuevda REDE
1532 SW 88 Terrace
Fort lauderda le FL 33312

14. 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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

1/18/99

954/438-9888