

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90084 018 ****70.00

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1. Entity 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

2300 S.W. 15 ave.

Suite, Apt. #, etc.

3. Mailing Address

2300 S.W. 15 ave.

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

Ft. Lauderdale Fl.

Zip

33315

Country

Broward

City & State

Ft. Lauderdale Fl.

Zip

33315

Country

Broward

4. FEI Number

65-0633501

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANIZALES, OSMAN
7961 N.W. 16 ST
PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROMERO, LEONARDO	
STREET ADDRESS	3320 IVY WAY	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, ANGEL	
STREET ADDRESS	6520 GARDFIELD ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIAZ, CASILDA B	
STREET ADDRESS	1519 BARCELONA WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANDINO, EDUARDO	
STREET ADDRESS	6405 MEADE ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANIZALES, OSMAN	
STREET ADDRESS	7961 NW 16TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gisela Canizales	
STREET ADDRESS	7961 N.W. 16 st	
CITY-ST-ZIP	Pembroke Pines Fl. 33024	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Francisco Landino	
STREET ADDRESS	1673 Lauderdale Manor Dr.	
CITY-ST-ZIP	Ft. Lauderdale, Fl. 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Osman Canizales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 *(954-981-4157)*
Date Daytime Phone #