2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29715

Entity Name: NAZARENE CENTRO DE REFUGIO, INC.

Current Principal Place of Business:

2745 SOUTH BABCOCK STREET
 SUITE NCM
MELBOURNE, FL 32901

Current Mailing Address:

2745 SOUTH BABCOCK STREET
 SUITE NCM
MELBOURNE, FL 32901 US

FEI Number: 59-2911684

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATRICK, MARK R.
4029 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: MARK R. PATRICK   08/26/2019

           Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	DELLINGER, RACHEL	Name	RANDALL, REBECCA
Address	2745 SOUTH BABCOCK STREET SUITE NCM	Address	2745 SOUTH BABCOCK STREET SUITE NCM
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901
Title	PASTOR, EXECUTIVE DIRECTOR	Title	DIRECTOR
Name	TOOLEY, JOEL	Name	RICHARDS, EILEEN
Address	5314 CRANE ROAD	Address	2745 SOUTH BABCOCK STREET SUITE NCM
City-State-Zip:	MELBOURNE FL 32904	City-State-Zip:	MELBOURNE FL 32901
Title	DIRECTOR	Title	SECRETARY
Name	SOOKDEO, TABITHA	Name	HERNANDEZ, NESTOR
Address	2745 SOUTH BABCOCK STREET SUITE NCM	Address	2745 SOUTH BABCOCK STREET SUITE NCM
City-State-Zip:	MELBOURNE FL 32901	City-State-Zip:	MELBOURNE FL 32901

I *hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: JOEL TOOLEY   EXECUTIVE DIRECTOR   08/26/2019

          Electronic Signature of Signing Officer/Director Detail   Date