2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29715

Entity Name: NAZARENE CENTRO DE REFUGIO, INC.

Current Principal Place of Business:

331 W. ALFRED STREET TAVARES. FL 32778

Current Mailing Address:

PO BOX 184

TAVARES, FL 32778 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 02/26/2016

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title TREASURER

Name CASKEY, SONYA Name DELLINGER, RACHEL

Address P.O. BOX 184 Address PO BOX 184

City-State-Zip: TAVARES FL 32778 City-State-Zip: TAVARES FL 32778

Title PRESIDENT Title DIRECTOR

Name RANDALL, REBECCA Name ARGENTO, JAMES

Address P.O. BOX 184 Address P.O. BOX 184

City-State-Zip: TAVARES FL 32778 City-State-Zip: TAVARES FL 32778

Title DIRECTOR Title PASTOR, CENTER DIRECTOR

Name RAMSEY, DAVID Name TOOLEY, JOEL

Address PO BOX 184 Address 21248 EVERGREEN COURT

City-State-Zip: TAVARES FL 32778 City-State-Zip: MOUNT DORA FL 32757

Title DIRECTOR Title D

Name APPLEBY, LOREN Name RICHARDS, EILEEN

Address PO BOX 184 Address P.O. BOX 184

City-State-Zip: TAVARES FL 32778 City-State-Zip: TAVARES FL 32778

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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 DIRECTOR 02/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 26, 2016

Secretary of State

CC2140088460

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name SOOKDEO, TABITHA

Address PO BOX 184

City-State-Zip: TAVARES FL 32778