

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29715

Entity Name: NAZARENE CENTRO DE REFUGIO, INC.

Current Principal Place of Business:

5314 CRANE ROAD
MELBOURNE, FL 32904

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

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name CASKEY, SONYA
Address P.O. BOX 184
City-State-Zip: TAVARES FL 32778

Title TREASURER
Name DELLINGER, RACHEL
Address PO BOX 184
City-State-Zip: TAVARES FL 32778

Title PRESIDENT
Name RANDALL, REBECCA
Address P.O. BOX 184
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name RAMSEY, DAVID
Address PO BOX 184
City-State-Zip: TAVARES FL 32778

Title PASTOR, EXECUTIVE DIRECTOR
Name TOOLEY, JOEL
Address 5314 CRANE ROAD
City-State-Zip: MELBOURNE FL 32904

Title DIRECTOR
Name RICHARDS, EILEEN
Address P.O. BOX 184
City-State-Zip: TAVARES FL 32778

Title DIRECTOR
Name SOOKDEO, TABITHA
Address PO BOX 184
City-State-Zip: TAVARES FL 32778

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

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date