

**2023 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:**

TOOLEY, JOEL P.  
2745 S BABCOCK STREET  
MELBOURNE, FL 32901 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:** JOEL P. TOOLEY

03/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name TOOLEY, PAM  
Address 2745 SOUTH BABCOCK STREET  
SUITE NCM  
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT  
Name RANDALL, REBECCA  
Address 2745 SOUTH BABCOCK STREET  
SUITE NCM  
City-State-Zip: MELBOURNE FL 32901

Title EXECUTIVE DIRECTOR  
Name TOOLEY, JOEL  
Address 2745 SOUTH BABCOCK STREET  
SUITE NCM  
City-State-Zip: MELBOURNE FL 32901

Title OFFICER  
Name IRELAND, FRANCISCA  
Address 2745 SOUTH BABCOCK STREET  
SUITE NCM  
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

03/11/2023

Electronic Signature of Signing Officer/Director Detail

Date