## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29715

Entity Name: NAZARENE CENTRO DE REFUGIO, INC.

FILED
Mar 03, 2022
Secretary of State
5986315776CC

## **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 03/03/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title TREASURER Title PRESIDENT

Name TOOLEY, PAM Name RANDALL, REBECCA

Address 2745 SOUTH BABCOCK STREET Address 2745 SOUTH BABCOCK STREET

SUITE NCM SUITE NCM

MELBOURNE FL 32901 City-State-Zip: MELBOURNE FL 32901

Title EXECUTIVE DIRECTOR Title SECRETARY

Name TOOLEY, JOEL Name TOOLEY, ALLISON

Address 2745 SOUTH BABCOCK STREET Address 2745 SOUTH BABCOCK STREET

SUITE NCM SUITE NCM

City-State-Zip: MELBOURNE FL 32901 City-State-Zip: MELBOURNE FL 32901

Title OFFICER

Name THORNTON, TIFFANY

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 03/03/2022