

**2018 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

02/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title           DIRECTOR  
Name           RICHARDS, EILEEN  
Address        2745 SOUTH BABCOCK STREET  
                  SUITE NCM  
City-State-Zip: MELBOURNE FL 32901

Title           DIRECTOR  
Name           SOOKDEO, TABITHA  
Address        2745 SOUTH BABCOCK STREET  
                  SUITE NCM  
City-State-Zip: MELBOURNE FL 32901

Title           SECRETARY  
Name           HERNANDEZ, NESTOR  
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

02/12/2018

Electronic Signature of Signing Officer/Director Detail

Date