


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2004 8:00 am
Secretary of State

06-18-2004 90003 017 ****61.25

DOCUMENT # 700069

1. Entity Name
ROCKLEDGE CHURCH OF THE NAZARENE, INC.



Principal Place of Business
**975 EYSTER BLVD.
 BLDG #3-2
 ROCKLEDGE, FL 32955 US**

Mailing Address
**975 EYSTER BLVD.
 BLDG #3-2
 ROCKLEDGE, FL 32955 US**

2. Principal Place of Business
651 BARNES BLVD.

3. Mailing Address
651 BARNES BLVD.


Suite, Apt. #, etc.

City & State
ROCKLEDGE FLORIDA

City & State
ROCKLEDGE FLORIDA

Zip
32955 Country
USA

Zip
32955 Country
USA



06102004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1876850 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DONALD M.
 1270 TUCKAWAY DRIVE
 ROCKLEDGE, FL 32955**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, DONALD M.	
STREET ADDRESS	1270 TUCKAWAY DRIVE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ADCOCK, ROBERT	
STREET ADDRESS	1346 NELSON CT.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEIB, GLENDA	
STREET ADDRESS	819 GARDENER RD.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	COOPER, LAVERNE	
STREET ADDRESS	4008 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, JR., WALTER	
STREET ADDRESS	962 BAYWARD PLACE	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	KOLB, JAMES JR.	
STREET ADDRESS	904 BLUEGRASS LN.	
CITY-ST-ZIP	ROCKLEDGE, FL 32955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	Leib, Mark
CITY-ST-ZIP	1045 RANGER Rd. ROCKLEDGE, FL 32926
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	BRITTAIN, ED
CITY-ST-ZIP	2943 COLCHESTER Rd. COCOA, FLORIDA 32926
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trustee
STREET ADDRESS	GILBERT, KEITH
CITY-ST-ZIP	2923 SONOMA WAY, ROCKLEDGE, FLORIDA 32955

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald M. Smith **DONALD M. SMITH** **6-12-04** **321-436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #