

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700069

FILED
Jan 05, 2005
Secretary of State

Entity Name: ROCKLEDGE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

651 BARNES BLVD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

651 BARNES BLVD
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 59-1876850 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, DONALD M.,
Address: 1270 TUCKAWAY DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T () Delete
Name: LEIB, MARK
Address: 1045 RANER RD
City-St-Zip: ROCKLEDGE, FL 32926 US

Title: T () Delete
Name: LEIB, GLENDA,
Address: 819 GARDENER RD.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T () Delete
Name: BRITTAIN, ED
Address: 2941 COLCHESTER RD
City-St-Zip: COCOA, FL 32926 US

Title: S () Delete
Name: WILLIAMS, JR., WALTER
Address: 962 BAYWARD PLACE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: T () Delete
Name: GILBERT, KERRY
Address: 2923 SENOMA WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GILBERT, KEITH
Address: 2923 SENOMA WAY
City-St-Zip: ROCKLEDGE, FL 32955 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DONALD SMITH

P

01/05/2005

Electronic Signature of Signing Officer or Director

Date