

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700069

FILED  
Jan 23, 2009  
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 RANGE 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: WHITE, BOB  
Address: 1263 ST. ANDREWS COURT  
City-St-Zip: ROCKLEDGE, FL 32955 US

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

Title: T ( ) Delete  
Name: STANIFER, KEN  
Address: 1714 FAIRWAY LN  
City-St-Zip: ROCKLEDGE, FL 32955 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: PINEIRO, RAUL,  
Address: 5249 WEXFORD DRIVE  
City-St-Zip: VIERA, FL 32926 US

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 M. SMITH

P

01/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date