

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

**DOCUMENT# 728428**

**Entity Name:** ADVISORY BOARD OF THE NORTH FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY  
SUITE 1301  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6817 SOUTHPOINT PARKWAY  
SUITE 1301  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 59-6543225      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JENKINS, ORVILLE W JR  
6817 SOUTHPOINT PARKWAY  
SUITE 1301  
JACKSONVILLE, FL 32216 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: PD      ( ) Delete  
Name: JENKINS, ORVILLE J  
Address: 2938 DUPONT AVE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T      ( ) Delete  
Name: PATRICK, MARK R  
Address: 4029 ATANTIC BLVD.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D      ( ) Delete  
Name: HORNER, PAUL  
Address: 7831 NW 35TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: MILLS, DOUG  
Address: 3675 CORINTH DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS      ( ) Delete  
Name: ACHESON, CHARLES D.  
Address: 1420 TRAVELERS PALM  
City-St-Zip: EDGEWATER, FL 32132

Title: D      ( ) Delete  
Name: SAWYER, ED  
Address: 38328 CROWN PL  
City-St-Zip: LADY LAKE, FL 32159

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

Title: PD      (X) Change ( ) Addition  
Name: JENKINS, ORVILLE W JR  
Address: 2938 DUPONT AVE  
City-St-Zip: JACKSONVILLE, FL 32217

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:

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: MARK R PATRICK

TREA

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date