2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2005
Secretary of State

DOCUMENT# 741842

Entity Name: PARKSIDE FELLOWSHIP CHURCH OF THE NAZARENE INC.

Current Principal Place of Business:

200 N WAYMAN ST
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

200 N WAYMAN ST
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 59-1875954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAIGO, JAMES
600 FREYER DR
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

HOLBROOK, JIM
221 WEST HIGHLAND ST
ALTAMONTE SPRINGS, FL 32714 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: JIM HOLBROOK 05/27/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KING, SCOTT A REV
Address: 1140 HOBSON ST
City-St-Zip: LONGWOOD, FL 32750

Title: SD ( ) Delete
Name: CRAIGO, LOIS
Address: 600 FREYER DR.
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete
Name: CRAIGO, JAMES
Address: 600 FREYER DR.
City-St-Zip: LONGWOOD, FL 32750

Title: TD ( ) Delete
Name: TRIMBLE, JAMES
Address: 620 IVANHOE WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete
Name: COLLIER, CAROLYN
Address: 109 MARK DAVID BLVD.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: DRIGGERS, ANNETTE
Address: 101 E. 7TH ST PO BOX 660094
City-St-Zip: CHULUOTA, FL 32766

Title: D (X) Change ( ) Addition
Name: HOLBROOK, JIM
Address: 221 WEST HIGHLAND ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TD (X) Change ( ) Addition
Name: WATSON, JOHN
Address: 297 GRANTLINE RD
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change ( ) Addition
Name: KNOTT, BARBARA
Address: 615 HELM WAY
City-St-Zip: CASSELBERRY, FL 32707

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: REV. SCOTT A. KING P 05/27/2005
Electronic Signature of Signing Officer or Director Date