2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 741842

1. Entity Name
PARKSIDE FELLOWSHIP CHURCH OF THE NAZARENE INC.

Principal Place of Business	Mailing Address
200 N WAYMAN ST LONGWOOD, FL 32750 US	200 N WAYMAN ST LONGWOOD, FL 32750 US

08042006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1875954
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HOLBROOK, JIM
221 WEST HIGHLAND ST
ALTAMONTE SPRINGS, FL 32714

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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: James D Holbrook 08/05/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KING, SCOTT A REV
STREET ADDRESS	1140 HOBSON ST
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	S
NAME	DRIGGERS, ANNETTE
STREET ADDRESS	101 E. 7TH ST PO BOX 660094
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	D
NAME	HOLBROOK, JIM
STREET ADDRESS	221 WEST HIGHLAND ST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	TD
NAME	WATSON, JOHN
STREET ADDRESS	297 GRANTLINE RD
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D
NAME	KNOTT, BARBARA
STREET ADDRESS	615 HELM WAY
CITY-ST-ZIP	CASSELBERRY, FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/09/06-80005-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James D Holbrook 08/05/06 407-831-4434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #