2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ABBOTT, CHERYL C
1126 FRANCISCO WAY
WINTER SPRINGS, FL 32708 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: CHERYL C. ABBOTT 04/08/2008
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: STR ( ) Delete
Name: SITHERLAND, PHILLIP
Address: 181 ROSE HILL TRAIL
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: HOLBROOK, JIM
Address: 221 WEST HIGHLAND ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: TR ( ) Delete
Name: HIGGINS, JACK
Address: 107 FOXRIDGE RUN
City-St-Zip: LONGWOOD, FL 32750

Title: TR (X) Delete
Name: ABBOTT, CHERYL
Address: 1126 FRANCISCO WAY
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARTE, MATTHEW A REV
Address: 1140 HOBSON ST
City-St-Zip: LONGWOOD, FL 32750

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

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

Title: T (X) Change ( ) Addition
Name: ABBOTT, CHERYL C
Address: 1126 FRANCISCO WAY
City-St-Zip: WINTER SPRINGS, FL 32708

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: CHERYL C. ABBOTT TREA 04/08/2008
Electronic Signature of Signing Officer or Director Date