2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#741842

FILED Mar 10, 2009 Secretary of State

Entity Name: PARKSIDE FELLOWSHIP CHURCH OF THE NAZARENE INC.

	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
	AYMAN ST DOD, FL 32750	US			
Current Mailing Address:			New Mailing Address:		
	AYMAN ST DOD, FL 32750	US			
FEI Number	r: 59-1875954	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1126 FRA	CHERYL C NCISCO WAY SPRINGS, FL 3	32708 US			
	e named entity s te of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	IRE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CARTE, MATTH 1140 HOBSON	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
	TR ()	5.14		() Change () Addition	
√ame: Address:	WATSON, JOHN 297 GRANTLINI SANFORD, FL	E RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WATSON, JOHN 297 GRANTLINI SANFORD, FL TR () HOLBROOK, JII 221 WEST HIGH	N D E RD 32771 Delete M	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	WATSON, JOHN 297 GRANTLINI SANFORD, FL TR () HOLBROOK, JII 221 WEST HIGH ALTAMONTE SE T () ABBOTT, CHER 1126 FRANCISC	N D E RD 32771 Delete M HLAND ST PRINGS, FL 32714 Delete LYL C CO WAY	Name: Address: City-St-Zip: Title: Name: Address:		

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 T 03/10/2009