2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# 761792

Entity Name: LAKELAND EASTSIDE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

2119 N CRYSTAL LAKE DR
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8062
LAKELAND, FL 338028062 US

New Mailing Address:

FEI Number: 59-1869261 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HINTHORNE, CHUCK
2119 NORTH CRYSTALLAKE DRIVE
C/O/ EASTSIDE CHURCH OF THE NAZARENE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

HINTHORNE, CHARLES R
7830 DELMONT LOOP
LAKELAND, FL 33810 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: CHARLES R. HINTHORNE 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: HANES, MARILYN
Address: 4841 DOSSEYWOOD COURT
City-St-Zip: LAKELAND, FL 33811

Title: D ( ) Delete
Name: HINTHORNE, CHARLES
Address: 7830 DELMONT LOOP
City-St-Zip: LAKELAND, FL 33810

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: HINTHORNE, MARILYN F
Address: 7830 DELMONT LOOP
City-St-Zip: LAKELAND, FL 33810

Title: D (X) Change ( ) Addition
Name: HINTHORNE, CHARLES R
Address: 7830 DELMONT LOOP
City-St-Zip: LAKELAND, FL 33810

Title: PD ( ) Change (X) Addition
Name: BROWN, WILLIAM
Address: 827 REFLECTIONS LOOP EAST
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Change (X) Addition
Name: WALTERS, PACITA
Address: 2109 NORTH CRYSTAL LAKE DRIVE
City-St-Zip: LAKELAND, FL 33801

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: WILLIAM BROWN PD 03/30/2009
Electronic Signature of Signing Officer or Director Date