

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002397

FILED  
May 17, 2010  
Secretary of State

Entity Name: IGLESIA DEL NAZARENO NAPLES INC

**Current Principal Place of Business:**

6455 HIDDEN OAKS LN  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

6455 HIDDEN OAKS LN  
NAPLES, FL 34119

**New Mailing Address:**

5254 32TH AVE SW  
NAPLES, FL 34116

FEI Number: 20-2325172      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:**

CORREA, SANDRA P SEC  
5470 SHOLTZ ST  
NAPLES, FL 34113      US

**Name and Address of New Registered Agent:**

ACCOUNTING PLUS MORE  
4100 CORPORATE SQ SUITE # 150  
NAPLES, FL 34104      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: LOIDA MOREJON

05/17/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOREJON, LOIDA PRES  
Address: 5254 32TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: S  
Name: CORREA, SANDRA P SEC  
Address: 5470 SHOLTZ STREET  
City-St-Zip: NAPLES, FL 34113

Title: T  
Name: CASACO, KIRENIA TRES  
Address: 3048 54TH ST SW  
City-St-Zip: NAPLES, FL 34116

Title: TRUS  
Name: MEDINA, AIME TRUS  
Address: 5235 30TH AVE SW  
City-St-Zip: NAPLES, FL 34116

Title: TRUS  
Name: ZAFRA, JUAN M TRUS  
Address: 2728 54TH STREET SW  
City-St-Zip: NAPLES, FL 34116

Title: TRUS  
Name: SARDUY, DAUBEL TRUS  
Address: 13589 KOINONIA DR  
City-St-Zip: NAPLES, FL 34114

I hereby 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 all other like empowered.

SIGNATURE: LOIDA MOREJON

P

05/17/2010

Electronic Signature of Signing Officer or Director

Date