

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15572

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** HARBOR CITY CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

4031 AURORA RD.  
MELBOURNE, FL 32934 US

**New Principal Place of Business:**

**Current Mailing Address:**

4031 AURORA RD.  
MELBOURNE, FL 32934 US

**New Mailing Address:**

**FEI Number:** 59-3100820

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEMORANVILLE, TIMOTHY A REV.  
2010 TALLRIDGE RD.  
MELBOURNE, FL 32935 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEMORANVILLE, TIMOTHY A  
Address: 2010 TALLRIDGE RD.  
City-St-Zip: MELBOURNE, FL 32935

Title: SD ( ) Delete  
Name: SKUCE, JOY  
Address: 2620 OKLAHOMA ST  
City-St-Zip: MELBOURNE, FL 32904

Title: TD ( ) Delete  
Name: KAZEE, JANE  
Address: 79 LAMPLIGHTER DR.  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY A. DEMORANVILLE

PD

01/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date