

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15572

FILED
Mar 06, 2009
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:

DEMORANVILLE, TIMOTHY A REV.
4103 DEERWOOD TRL
MELBOURNE, FL 32934 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:

03/06/2009

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 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEMORANVILLE, TIMOTHY A
Address: 4103 DEERWOOD TRL
City-St-Zip: MELBOURNE, FL 32934 US

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

Title: TD (X) Change () Addition
Name: MOORE, PETER
Address: 1785 WILLIAMSBURG WAY
City-St-Zip: MELBOURNE, FL 32934 US

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: TIMOTHY A DEMORANVILLE

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date