

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44896**

1. Entity Name  
**INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED**



Principal Place of Business      Mailing Address

**179 MILLER SQUARE**      **179 MILLER SQUARE**  
**INTERLACHEN, FL 32148**      **INTERLACHEN, FL 32148**

**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-NP      CR2E037 (11/05)

4. FEI Number      Applied For  
**59-3080349**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PFLEGER, LOUIS**  
**101 MILLERS SQUARE**  
**INTERLACHEN, FL 32148**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE: **D**  
NAME: **PFLEDGER, LOUIS**  
STREET ADDRESS: **101 MILLERS SQUARE**  
CITY-ST-ZIP: **INTERLACHEN, FL 32148**

TITLE: **D**  
NAME: **CURRAN, JOANNE**  
STREET ADDRESS: **200 SCHAFFER**  
CITY-ST-ZIP: **INTERLACHEN, FL 32148**

TITLE: **TD**  
NAME: **HESS, JOE**  
STREET ADDRESS: **141 ASHLEY**  
CITY-ST-ZIP: **HAWTHORNE, FL 32640**

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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05/30/06-80007-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Louis Pfleger*      **4-20-06**      **386-684-1373**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #