

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90214 040 ****61.25

DOCUMENT # 713738

1. Entity Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.



Principal Place of Business

Mailing Address

18763 SE C.R. 137
WHITE SPRINGS FL 32096

18763 C.R. 137
WHITE SPRINGS FL 32096
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3192960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNSON, STAN REV,~~
18763 SE CO. RD. 137
WHITE SPRINGS FL 32096

Name *ROBINSON, Hollis Rev*

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Hollis Robinson, Pastor

4-4-07

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when re-registering

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D ERIXTON, LEE 9969 SE 142ND BLVD. WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D EDMONDS, SR, HOMER 13927 S.E. CO. ROAD 132 JASPER FL 32052	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D ERIXTON, SHAND 18815 S.E. CO ROAD 137 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	S ERIXTON, CATHY 18767 CO. ROAD 137 WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	T FOURAKER, MATTIE 9388 S E 154TH AVE WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	D FOURAKER, RICHARD 9388 SE 154TH AVE WHITE SPRINGS FL 32096	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mattie Fouraker Treasurer MATTIE FOURAKER* *4-4-07* *386-397-2922*