


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 04, 2007 8:00 am**  
**Secretary of State**

09-04-2007 90042 028 \*\*\*\*61.25

<b>DOCUMENT # N44896</b> 1. Entity Name <b>INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED</b>					
Principal Place of Business <b>179 MILLER SQUARE INTERLACHEN, FL 32148</b>			Mailing Address <b>179 MILLER SQUARE INTERLACHEN, FL 32148</b>		
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 <b>59-3080349</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PFLEGER, LOUIS 101 MILLERS SQUARE INTERLACHEN, FL 32148</b>				7. Name and Address of New Registered Agent Name <u>Robert S. Black</u> Street Address (P.O. Box Number is Not Acceptable) <u>101 Miller Square</u> City <u>Interlachen</u> FL <u>32148</u> Zip Code <u>32148</u>	
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 <u>Robert S. Black</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>Aug 18/07</u>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PFLEGER, LOUIS 101 MILLERS SQUARE INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Black Robert S. 101 Miller Square Interlachen FL 32148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRAN, JOANNE 200 SCHAFER INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith Donald 8019 Valley Drive Key Stone Heights FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HESS, JOE 141 ASHLEY HAWTHORNE, FL 32640	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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 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 <u>Robert S. Black</u> - Robert Black Aug 18/07 376 684 3692 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					