

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14266

FILED
Apr 28, 2008
Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF NEW SMYRNA BEACH INC.

Current Principal Place of Business:

201 SOUTH ORANGE STREET
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

201 SOUTH ORANGE STREET
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-6543202 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESHOUR, GLEN
3316 MANGO TREE DR.
EDGEWATER, FL 32141 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: P () Delete
Name: FRESHOUR, GLEN,
Address: 3316 MANGO TREE DR.
City-St-Zip: EDGEWATER, FL 32141 US

Title: D () Delete
Name: BURTNER, SUE,
Address: 2914 SABAL PALM DR.
City-St-Zip: EDGEWATER, FL 32141 US

Title: SD () Delete
Name: GOGOL, SHARON,
Address: 2224 SABAL PALM DR.
City-St-Zip: EDGEWATER, FL 32141 US

Title: TD () Delete
Name: STUCK, ELEANOR,
Address: 204 NINTH STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

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:

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

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: ELEANOR STUCK

TD

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date