

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2008 8:00 am
Secretary of State

08-19-2008 90003 045 ****61.25

DOCUMENT # N44896 1. Entity Name INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED					
Principal Place of Business 179 MILLER SQUARE INTERLACHEN, FL 32148			Mailing Address 179 MILLER SQUARE INTERLACHEN, FL 32148		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLACK, ROBERT 101 MILLERS SQUARE INTERLACHEN, FL 32148				Name STIRES WILLIAM D. Street Address (P.O. Box Number is Not Acceptable) 101 MILLER SQUARE City INTERLACHEN FL Zip Code 32148	
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 WILLIAM D. STIRES		 (NOTE: Registered Agent signature required when reinstating)		DATE 8-10-08	
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, ROBERT S 101 MILLERS SQUARE INTERLACHEN, FL 32148 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	STIRES WILLIAM D 101 MILLER SQUARE INTERLACHEN FL 32148 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, DONALD 8019 VALLEY DRIVE KEYSTONE HEIGHTS, FL 32656 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HESS, JOE 141 ASHLEY HAWTHORNE, FL 32640 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			Date 8-10-08 Daytime Phone # 586.351.0042		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					