Current Prin	cipal Place of Business:	9997664289CC		
18763 SE CR 1	•			
WHITE SPRING				
Current Mai	ling Address:			
18763 SE CI	R 137			
WHITE SPR	INGS, FL 32096 US			
FEI Number: 59-3192960 Certificate of Status De				
Name and A	ddress of Current Register	ed Agent:		
18763 SE CR 1	VER CHURCH OF THE NAZARENE 37 SS, FL 32096 US			
The above named	l entity submits this statement for the purp	oose of changing its registered office or regist	tered agent, or both, in the State of Fl	orida.
SIGNATURE	CARLISA HUDSON			03/01/2023
	Electronic Signature of Registere	d Agent		Date
Officer/Dire	ctor Detail :			
Title	PASTOR	Title	TRUSTEE	
Name	WALTERS, MARK JR.	Name	MCCUMBER, TOM	
Address	196 SW FIELDSTONE CT	Address	9969 SE 142ND BLVD	
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	WHITE SPRINGS FL 32096	

FEI Number: 59-3192960	Certificate of Statu
Name and Address of Current Registered Agent:	
SUWANNEE RIVER CHURCH OF THE NAZARENE 18763 SE CR 137	

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 713738

### Entity Name: SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

Officer/Director Detail :						
Title	PASTOR	Title	TRUSTEE			
Name	WALTERS, MARK JR.	Name	MCCUMBER, TOM			
Address	196 SW FIELDSTONE CT	Address	9969 SE 142ND BLVD			
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	WHITE SPRINGS FL 32096			
Title	SECRETARY, STEWARD	Title	TREASURER, TRUSTEE			
Name	BUONVINO, TIFFANY G	Name	EDENFIELD, PAMELA			
Address	14478 SE 87TH TERRACE	Address	15713 SE 102ND TRL.			
City-State-Zip:	WHITE SPRINGS FL 32096	City-State-Zip:	WHITE SPRINGS FL 32096			
Title	STEWARD	Title	NMI PRESIDENT, STEWARD			
Name	FOURAKER, MATTIE	Name	BUONVINO, BRYAN K			
Address	9388 SE 154TH AVE	Address	14478 SE 87TH TER			
City-State-Zip:	WHITE SPRINGS FL 32096	City-State-Zip:	WHITE SPRINGS FL 32096			
Title	NYI, STEWARD	Title	NYI, STEWARD			
Name	WALTERS, KAYLEE	Name	WALTERS, DANA			
Address	196 SW FIELDSTONE CT	Address	196 SW FIELDSTONE CT			
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	LAKE CITY FL 32024			

# Continues on page 2

I hereby 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 all other like empowered.

# SIGNATURE: TIFFANY BUONVINO

SECRETARY

03/01/2023

Electronic Signature of Signing Officer/Director Detail

### FILED Mar 01, 2023 **Secretary of State** 00070040000

#### **Officer/Director Detail Continued :**

Title	TRUSTEE	Title	TRUSTEE
Name	ERIXTON, TRAVIS	Name	MILLS, DAN
Address	9987 SE 142ND BLVD.	Address	SE 142ND BLVD
City-State-Zip:	WHITE SPRINGS FL 32096	City-State-Zip:	WHITE SPRINGS FL 32096