Entity Name: SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.				y of State 5171259
Current Prir 18763 SE CR 1 WHITE SPRING	-			5171259
Current Mai	ling Address:			
18763 SE CI WHITE SPR	R 137 INGS, FL 32096			
FEI Number: 59-3192960 Certificate of Statu			Certificate of Status Des	sired: No
Name and Address of Current Registered Agent:				
MONK, GARY 18763 SE CR 1 WHITE SPRINC				
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.				
The above named	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fl	orida.
	entity submits this statement for the purpose of changing its regis GARY MONK, PASTOR	tered office or regis	tered agent, or both, in the State of Fl	orida. 05/27/2015
		tered office or regis	tered agent, or both, in the State of Fl	
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	05/27/2015
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fl	05/27/2015
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			05/27/2015
SIGNATURE Officer/Direc Title	Electronic Signature of Registered Agent	Title	D	05/27/2015
SIGNATURE Officer/Direc Title Name	Electronic Signature of Registered Agent Ctor Detail : NONE NONE NONE	Title Name Address	D EDMONDS, SR, HOMER	05/27/2015
SIGNATURE Officer/Direc Title Name Address	Electronic Signature of Registered Agent Ctor Detail : NONE NONE NONE	Title Name Address	D EDMONDS, SR, HOMER 13927 SE CR 132	05/27/2015
SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E GARY MONK, PASTOR Electronic Signature of Registered Agent Ctor Detail : NONE NONE NONE NONE NONE FL	Title Name Address	D EDMONDS, SR, HOMER 13927 SE CR 132	05/27/2015
SIGNATURE Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : NONE NONE NONE NONE FL TREASURER	Title Name Address	D EDMONDS, SR, HOMER 13927 SE CR 132	05/27/2015

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: GARY MONK

PASTOR

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# 713738

FILED May 27, 2015 _

Date