1518 NW 15TH FT. LAUDERDA				
Current Mai	ling Address:			
1518 NW 15 FT. LAUDEF	TH AVE. RDALE, FL 33311			
FEI Number: 65-0365670			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SMITH, HOWAI 259 NW 119 WA				
	l entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	orida.
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida. 09/17/2014
The above named		tered office or regis	tered agent, or both, in the State of Flo	
The above named	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	09/17/2014
The above named	Electronic Signature of Registered Agent	tered office or regist	tered agent, or both, in the State of Flo	09/17/2014
The above named SIGNATURE Officer/Direc	E: HOWARD SMITH Electronic Signature of Registered Agent			09/17/2014
The above named SIGNATURE Officer/Direc Title	E HOWARD SMITH Electronic Signature of Registered Agent Ctor Detail : S	Title	т	09/17/2014
The above named SIGNATURE Officer/Dired Title Name	Electronic Signature of Registered Agent Ctor Detail : S WRIGHT, KARLENE 11192 NW 1ST PL	Title Name	T TILLMAN, ANTOINETTE	09/17/2014
The above named SIGNATURE Officer/Dired Title Name Address	Electronic Signature of Registered Agent Ctor Detail : S WRIGHT, KARLENE 11192 NW 1ST PL	Title Name Address	T TILLMAN, ANTOINETTE 8508 NW 57TH DR	09/17/2014
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	E: HOWARD SMITH Electronic Signature of Registered Agent Ctor Detail : S WRIGHT, KARLENE 11192 NW 1ST PL CORAL SPRINGS FL 33071	Title Name Address City-State-Zip:	T TILLMAN, ANTOINETTE 8508 NW 57TH DR CORAL SPRINGS FL 33067	09/17/2014

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 721774**

Entity Name: FORT LAUDERDALE MANOR CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:** 

City-State-Zip: PLANTATION FL 33322

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: BOMPART,	REV. CARL S.
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City-State-Zip: PLANTATION FL 33317

Electronic Signature of Signing Officer/Director Detail