

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44896

**Entity Name:** INTERLACHEN CHURCH OF THE NAZARENE, INCORPORATED**Current Principal Place of Business:**179 MILLER SQUARE  
INTERLACHEN, FL 32148**Current Mailing Address:**179 MILLER SQUARE  
INTERLACHEN, FL 32148 UN**FEI Number:** 59-3080349**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAMER, JEFFREY  
101 MILLER SQUARE  
INTERLACHEN, FL 32148 US*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:** JEFFREY KRAMER

04/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SDMI  
Name YONTS, II, DAVID  
Address 202 CANINE STREET  
City-State-Zip: INTERLACHEN FL 32148

Title T  
Name YONTS, LINDA  
Address 155 N. COUNTY RD 315  
City-State-Zip: INTERLACHEN FL 32148

Title TRUSTEE  
Name YONTS, SR., DAVE  
Address 155 N. COUNTY RD 315  
City-State-Zip: INTERLACHEN FL 32148

Title PRESIDENT, NYI  
Name CHILSON, ROXANNE  
Address 103 BELLE RD.  
City-State-Zip: MELROSE FL 32666

Title STEWARD  
Name CHILSON, HOWARD  
Address 103 BELLE RD  
City-State-Zip: MELROSE FL 32666

Title PRESIDENT, NMI  
Name CURRAN, JOANNE  
Address 200 SCHAFER ST  
City-State-Zip: INTERLACHEN FL 32148

Title SECRETARY  
Name CHILSON, ROXANNE  
Address 103 BELLE RD  
City-State-Zip: MELROSE FL 32666

*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:** ROXANNE CHILSON**SECRETARY**

04/10/2017

Electronic Signature of Signing Officer/Director Detail

Date