

2016 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:**EDMONDS, HOMER JR.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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| Title | SDMI |
| Name | EDMONDS, WENDY |
| Address | 101 MILLER SQ |
| City-State-Zip: | INTERLACHEN FL 32148 |

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| Title | TRUSTEE |
| Name | YONTS, DAVE |
| Address | 202 CANINE ST |
| City-State-Zip: | INTERLACHEN FL 32148 |

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

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

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| Title | T |
| Name | YONTS, LINDA |
| Address | 202 CANINE ST |
| City-State-Zip: | INTERLACHEN FL 32148 |

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

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

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: WENDY EDMONDS

SDMI

03/23/2016

Electronic Signature of Signing Officer/Director Detail_____
Date