

2019 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

04/15/2019

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

Title STEWARD
Name YONTS, WENDY
Address 202 CANINE STREET
City-State-Zip: INTERLACHEN FL 32148

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

Title T
Name YONTS, LINDA
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 PRESIDENT, NMI
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: LINDA YONTS

TREASURER

04/15/2019

Electronic Signature of Signing Officer/Director Detail

Date