

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49371

**Entity Name:** CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

512 W. INTERLAKE BLVD  
LAKE PLACID, FL 33852

**Current Mailing Address:**

P.O. BOX 217  
LAKE PLACID, FL 33852 US

**FEI Number:** 59-2900857

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAYLOR, TIMOTHY LREV  
800 ORBIT RD NW  
LAKE PLACID, FL 33852 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 :**

Title           TREASURER  
Name           MCCARTHY, MARY  
Address        1505 BLACK BEAR AVE  
City-State-Zip: LAKE PLACID FL 33852

Title           P  
Name           TAYLOR, TIMOTHY  
Address        800 ORBIT RD NW  
City-State-Zip: LAKE PLACID FL 33852

Title           D  
Name           HAVERKAMP, DONALD  
Address        49 PRYOR LANE  
City-State-Zip: LAKE PLACID FL 33852

Title           D  
Name           BENSON, DAN  
Address        557 SUNSET POINTE DRIVE  
City-State-Zip: LAKE PLACID FL 33852

*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:** TIMOTHY TAYLOR

**PRESIDENT**

**03/30/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date