

**2013 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:** Yes

**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 D  
Name LEE, ERNEST  
Address 116 HIGHLANDS LAKE DRIVE  
City-State-Zip: LAKE PLACID FL 33852

Title TD  
Name SACKETT, KENNETH L  
Address 490 GRAPE RD.NW  
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 TOWNSLEY, CHRIS  
Address 737 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 L TAYLOR

**PASTOR/DIRECTOR**

**04/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date