2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2007 8:00 am

DOCUMENT # 700807 1. Entity Name FIRST CHURCH OF THE NAZARENE, INC.				id.	Secretary of State 01-22-2007 90096 024 ****61.25				
5902 N. HIMES AVENUE 590		Mailing Address 5902 N. HIMES AVENUE TAMPA, FL 33614	5902 N. HIMES AVENUE						
2. Principal Place of Business - No P.O. Box # 3. Mai		3. Mailing Address	Mailing Address			LO			
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP	CR2E037	(12/06)		
City & State Ci		City & State	City & State		75		_ 	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of St			8.75 Add	Itional	
	6. Name and Address of Current I	Registered Agent		7. Name and Add	tress of New			<u> </u>	
			Name L	Name Carrier Against					
4109 SUM	EAHTER, JOYCE A MERDALE DR.		Street Address (12503		(P.O. Box Number is Not Acceptable)				
TAMPA, FI	L 33624		120	OS ZZUIA	<i>IV</i> 1.	/ L			
			City Tha	NOTOSASS A	7	FL	Zip Code	92	
	named entity submits this statement for	the purpose of changing its r				Florida. I am far			
the obligat	ions of registered agent.					_			
SIGNATURE .	South & a.	rcher				1-18-	07		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature of	required when reinstating)		DATE			
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Ce	paign Financing	\$5.00 May Be		DATE Make check porida Departm	payable to		
10.		9. Election Cam Trust Fund Ca	paign Financing	\$5.00 May Be	Fie	Make check porida Departm	payable to nent of St	ate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G OFFICER OR DIRECTOR