

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703421

FILED
May 07, 2008
Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF PENSACOLA, FLORIDA, INC.

Current Principal Place of Business:

3475 PINE FOREST RD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

3475 PINE FOREST RD
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 59-6181209 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CASSADY, DORIS
417 E. SCHUBERT DR.
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: STEIN, JOHN
Address: 7919 MOBILE HWY
City-St-Zip: PENSACOLA,, FL 32533

Title: DS () Delete
Name: JENKINS, ORVILLE
Address: 6817 SOUTHPOINTE PARKWAY, STE 1301
City-St-Zip: JACKSONVILLE, FL 32216

Title: SOB () Delete
Name: DIXON, EDDIE
Address: 3288 WINDMILL CIR
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: MILLER, MARION
Address: 7767 SUNSHINE HILL RD
City-St-Zip: MOLINO, FL 32577

Title: P () Delete
Name: POWERS, HARDY J III
Address: 2462 BOWLING GREEN WAY
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARION R. MILLER

T

05/07/2008

Electronic Signature of Signing Officer or Director

_____ Date