

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703421

FILED  
Jul 10, 2009  
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: S (X) Change ( ) Addition  
Name: MCCLUNG, FALINDA  
Address: 624 LOWNDE AVE  
City-St-Zip: PENSACOLA, FL 32507

Title: P (X) Change ( ) Addition  
Name: MCNULTY, JOE  
Address: 1212 PLATA CANADA DR  
City-St-Zip: CANTONMENT, FL 32533

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: FALINDA MCCLUNG

S

07/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date