

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90031 014 ****61.25

DOCUMENT # 704587 1. Entity Name FIRST CHURCH OF THE NAZARENE, FORT PIERCE, FL., INC.	
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Principal Place of Business 611 GARDENIA AVENUE FORT PIERCE, FL 34982	Mailing Address 611 GARDENIA AVENUE FORT PIERCE, FL 34982
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94058137

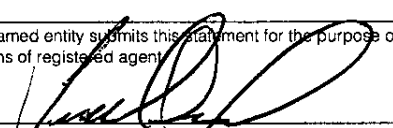
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent UNDERWOOD, TED 611 GARDENIA AVE FT PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

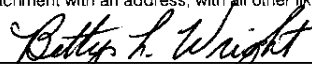
SIGNATURE  DATE 4-14-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD UNDERWOOD, TED 611 GARDENIA AVE FT PIERCE, FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bell, Margaret ☒ Change ☐ Addition 1714 W. Sanderling LN FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WRIGHT, BETTY 1020 NW TUSCANY DR PORT SAINT LUCIE, FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWARTZ, LARRY ☐ Change ☒ Addition 390 SW DALTON CIRCLE PORT ST LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, ANDY 1020 NW TUSCONY DRIVE PT ST LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORLEY MARK ☐ Change ☒ Addition 5207 SEAGRAPE AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULLUS, HAROLD 1873 SW CYCLE ST PORT ST LUCIE, ST 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGARET, BELL 1714 W. SANDERLING LN FORT PIERCE, FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, JOHN 466 SW EVERLY AVE PORT SAINT LUCIE, FL 34983 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  BETTY L. WRIGHT 4-13-04 772-336-7658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #