

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704587

FILED
Apr 12, 2007
Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE, FORT PIERCE, FL., INC.

Current Principal Place of Business:

611 GARDENIA AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

611 GARDENIA AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-1572943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNDERWOOD, TED
611 GARDENIA AVE
FT PIERCE, FL 34982 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: PCD () Delete
Name: UNDERWOOD, TED
Address: 611 GARDENIA AVE
City-St-Zip: FT PIERCE, FL 34982

Title: T () Delete
Name: WRIGHT, BETTY
Address: 1020 NW TUSCANY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD () Delete
Name: WRIGHT, ANDY
Address: 1020 NW TUSCANY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: D () Delete
Name: SUDYMONT, WALTER
Address: 3201 BENT PINE DRIVE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: BELL, MARGARET
Address: 1714 W SANDERLING LANE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: HILL, JOHN
Address: 466 SW EVERLY AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WRIGHT, BETTY
Address: 1020 NW TUSCANY DR
City-St-Zip: PORT SAINT LUCIE, FL 34986

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 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: BETTY WRIGHT

D

04/12/2007

Electronic Signature of Signing Officer or Director

Date