

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704587

FILED  
Apr 15, 2008  
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: D ( ) 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/T (X) Change ( ) Addition  
Name: LEE, PAMELA  
Address: 3158 SW BLACKMUR ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Change ( ) Addition  
Name: SUDYMONT, DIANNE  
Address: 3201 BENT PINE DR  
City-St-Zip: FORT PIERCE, FL 34951

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: PAMELA LEE

D/T

04/15/2008

Electronic Signature of Signing Officer or Director

Date