2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 704587

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/T	( ) Delete
Name:	LEE, PAMELA	
Address:	3158 SW BLACKMUR ST	
City-St-Zip:	PORT SAINT LUCIE, FL 34953	
Title:	S	( ) Delete
Name:	SUDYMONT, DIANNE	
Address:	3201 BENT PINE DR	
City-St-Zip:	FORT PIERCE, FL 34951	
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	(X) 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:	( ) 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: PAMELA LEE D/T 01/06/2009

Electronic Signature of Signing Officer or Director — Date