


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90007 036 \*\*\*\*61.25

<b>DOCUMENT # 704652</b> 1. Entity Name <b>FOREST HILLS CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>11723 N MARJORY AVE TAMPA FL 33612 US</b>			Mailing Address <b>11726 N. OLA AVE TAMPA FL 33612 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>59-1886145</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HALL, WARD L 11726 N. OLA AVE TAMPA FL 33612</b>				7. Name and Address of New Registered Agent Name <b>HALL, WARD L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3366 Abeline Road</b> City <b>Spring Hill</b> FL Zip Code <b>34608-4010</b>	
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 <i>Rev Ward L Hall</i> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when registering.)</small>				DATE <b>2/26/07</b>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALL, WARD L. (REV.) 11726 OLA AVENUE TAMPA FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HALL, WARD L. (REV.) 3366 Abeline Road Spring Hill, FL 34608-4010
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR WARD, MERLIN 11328 MARJORY AVENUE TAMPA FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR WARD, MERLIN 11328 MARJORY AVENUE TAMPA FL 33612
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR MULLENAX, DANIEL 9015A SW 155TH STREET DUNNELLON FL 34432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR MULLENAX, DANIEL 9015A SW 155TH STREET DUNNELLON FL 34432
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR BRYANT, PAUL 7820 CHURCH AVENUE NORTH TAMPA FL 33604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	TR BRYANT, PAUL 7820 CHURCH AVENUE NORTH TAMPA FL 33604
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HALL, THELMA E 11726 N OLA AVE TAMPA FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HALL, THELMA E 11726 N OLA AVE TAMPA FL 33612
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HALL, THELMA E 11726 N OLA AVE TAMPA FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	T HALL, THELMA E 11726 N OLA AVE TAMPA FL 33612
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Rev Ward L Hall</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>2/26/07</b> 813-690-9950 <small>Date Daytime Phone #</small>	