

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704652

FILED
Jan 08, 2009
Secretary of State

Entity Name: FOREST HILLS CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

11723 N MARJORY AVE
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

11726 N. OLA AVE
TAMPA, FL 33612 US

New Mailing Address:

FORREST HILLS CHURCH OF THE NAZARENE
11723 N. MARJORY AVE
TAMPA, FL 33612

FEI Number: 59-1886145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANTZEN, ARLENE V
4309 E GROVE VIEW AVE
TAMPA, FL 33617 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: P () Delete
Name: DENNIS, LARRY
Address: 4720 CLEVELAND HEIGHTS BLVD STE 303
City-St-Zip: LAKELAND, FL 33813 US

Title: TR () Delete
Name: WARD, MERLIN
Address: 11328 MARJORY AVENUE
City-St-Zip: TAMPA, FL 33612 US

Title: TR () Delete
Name: BRYAN, FLOYD
Address: 8421 N LYNN
City-St-Zip: TAMPA, FL 33612 US

Title: TR () Delete
Name: BRYANT, PAUL
Address: 7820 CHURCH AVENUE NORTH
City-St-Zip: TAMPA, FL 33604 US

Title: T () Delete
Name: JANTZEN, ARLENE V
Address: 4309 E GROVE VIEW AVE
City-St-Zip: TAMPA, FL 33617 US

Title: S () Delete
Name: MEREDITH, DONALD
Address: 226 SUN VALLEY
City-St-Zip: TAMPA, FL 33613

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:

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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: DR. LARRY DENNIS

D.S.

01/08/2009

Electronic Signature of Signing Officer or Director

Date