

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90341 017 \*\*\*\*61.25

|                                                              |                                                                                   |
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| <b>DOCUMENT # 705404</b>                                     |  |
| 1. Entity Name<br><b>DELAND CHURCH OF THE NAZARENE, INC.</b> |                                                                                   |

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>913 EAST NEW YORK AVENUE<br/>DELAND, FL 32724</b> | Mailing Address<br><b>913 EAST NEW YORK AVENUE<br/>DELAND, FL 32724</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |



01082008 Chg-NP CR2E037 (12/06)

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| 4. FEI Number<br><b>59-6543206</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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|------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>CAMPBELL, THOMAS<br/>908 E. RICH AVENUE<br/>DELAND, FL 32724</b> |  |
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|-----------------------------------------------------------------------------|-----------------------------|
| 7. Name and Address of New Registered Agent                                 |                             |
| Name<br><b>CAMPBELL, THOMAS</b>                                             |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>125 BIRCH LANE</b> |                             |
| City<br><b>LAKE HELEN</b>                                                   | FL Zip Code<br><b>32744</b> |

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| 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>Thomas Campbell</i><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                             | <b>THOMAS CAMPBELL PRESIDENT/PASTOR</b><br>(NOTE: Registered Agent signature required when reappointing)<br>DATE <b>1/10/08</b> |

|                                                     |                                                                                                                        |                                                              |
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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                          | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>CREVOISERAT, SHARON<br/>2397 COURTLAND BLVD<br/>DELTONA, FL 32738</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>C<br/>CAMPBELL, THOMAS<br/>908 E. RICH AVENUE<br/>DELAND, FL</b> <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>C<br/>CAMPBELL, THOMAS<br/>125 BIRCH LANE<br/>LAKE HELEN FL 32744</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>WELLS, SARAH<br/>101 N. AMELIA #205<br/>DELAND, FL 32724</b> <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>CAUDELL, ROBERT<br/>109 SHER LANE<br/>DE BARY FL 32713</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>BEATRICE, PETTY<br/>1100 E. UNIVERSITY AVE.<br/>DELAND, FL 32724</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>S<br/>PETTY, BEATRICE<br/>1100 E. UNIVERSITY AVE<br/>DELAND FL 32724</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>NEWBY, MARILYN<br/>101 N. AMELIA #1305<br/>DELAND, FL 32724</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>FINCH, ARNOLD<br/>1250 LAKEVIEW DRIVE<br/>DELAND, FL 32720</b> <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>T<br/>FINCH, ARNOLD<br/>132 MAPLE LANE<br/>LAKE HELEN FL 32744</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Thomas Campbell</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>THOMAS CAMPBELL</b><br>Date <b>1/10/08</b> Daytime Phone # <b>386-734-8281</b> |