

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705404

FILED
Mar 04, 2009
Secretary of State

Entity Name: DELAND CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

913 EAST NEW YORK AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

913 EAST NEW YORK AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-6543206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, THOMAS
125 BIRCH LN
LAKE HELEN, FL 32744 US

Name and Address of New Registered Agent:

MIGNER, PETER
908 E RICH AVE.
DELAND, FL 32724 US

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: PETER S. MIGNER

03/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CREVOISERAT, SHARON
Address: 2397 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

Title: C () Delete
Name: CAMPBELL, THOMAS
Address: 125 BIRCH LN
City-St-Zip: LAKE HELEN, FL 32744

Title: T () Delete
Name: NEWBY, MARILYN
Address: 101 N. AMELIA #1305
City-St-Zip: DELAND, FL 32724

Title: T () Delete
Name: FINCH, ARNOLD
Address: 132 MAPLE LN
City-St-Zip: LAKE HELEN, FL 32744

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CREVOISERAT, WAYNE
Address: 2397 COURTLAND BLVD
City-St-Zip: DELTONA, FL 32738

Title: C (X) Change () Addition
Name: MIGNER, PETER S REV.
Address: 908 E. RICH AVE.
City-St-Zip: DELAND, FL 32724

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: CAUDELL, ROBERT
Address: 109 SHER LANE
City-St-Zip: DEBARY, FL 32713

Title: T () Change (X) Addition
Name: HARDIN, BILL
Address: 2365 POINSETTIA DR.
City-St-Zip: ORANGE, FL 32763

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: PETER MIGNER

C

03/04/2009

Electronic Signature of Signing Officer or Director

Date