2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am Secretary of State DOCUMENT# 705490 1. Entity Name Northlake Blvd. Church of the Nazarene, Inc 05-30-2000 90091 043 \*\*\*\*70.00 Principal Place of Business Mailing Address 5430 Northlake Blud 5430 Northlake Blvd. Palm Beach Gardens Palm Beach Gardens r.nn99558 Florida 33418 Florida 33418 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-1573737 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alan Bonner Street Address (P.O. Box Number is Not Acceptable) City Palm Beach Gurdens 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 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. P/D TIT! F ☐ Delete TITLE NAME Rev. Adrian Rosa NAME STREET ADDRESS 8187 S.E. Coconnt STREET ADDRESS CITY-ST-ZIP Hobe Sound, FL 33455 CITY-ST-ZIP ☐ Change Delete TITLE Debbie A. Bonner 7592 159th Court North NAME NAME william welch 8863 Dania Drive STREET ADDRESS STREET ADDRESS 33418 Palm Beach Gardens FL CITY-ST-ZIP CITY-ST-ZIP Palm Bosel Beach Gardens FL Change TITLE Delete TITLE Addition Jay Alan Bonner 7592 159th Court North NAME STREET ADDRESS STREET ADDRESS Palm Beach Gardens FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 (561) 744-2021

SIGNATURE