2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 705490

1. Entity Name
NORTHLAKE BLVD. CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
5430 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	5430 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418

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04152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1573737
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BONNER, JAY ALAN
5430 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BONNER, JAY
STREET ADDRESS	7592 159TH COURT NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	TD
NAME	BONNER, DEBBIE
STREET ADDRESS	7592 159TH COURT NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	PD
NAME	PARKER, LYLE G
STREET ADDRESS	10687 HIDDEN LAKE CIRCLE
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/05-80071-020 70.00

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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.

SIGNATURE: Jay Alan Bonner 4-15-05 561-744-2021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #