2003 NOT-FOR-PROFIT CORPORATION

Apr 17, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # 705490 04-17-2003 90143 037 ****70.00 NORTHLAKE BLVD. CHURCH OF THE NAZARENE. INC. Principal Place of Business Mailing Address 5430 NORTHLAKE BLVD 5430 NORTHLAKE BLVD PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1573737 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **REV. ADRIAN ROSA** 5430 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33418 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. Alan Bonner 4-13-03 SIGNATURE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61,25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD TITLE Addition TITLE Delete **REV. ADRIAN ROSA** NAME NAME Dould Winsurger STREET ADDRESS 5430 NORTHLAKE BLVD. STREET ADDRESS Foresteria Drive CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE BONNER, JAY NAME NAME 7592 159TH COURT NORTH STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TIT! F TITLE BONNER, DEBBIE NAME NAME 7592 159TH COURT NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGN

FILED