


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 047 ****61.25

DOCUMENT # 705959 1. Entity Name LEESBURG CHURCH OF THE NAZARENE, INC.					
Principal Place of Business 2100 DR. MARTIN L. KING JR. BLVD. LEESBURG, FL 34748			Mailing Address 2100 DR. MARTIN L. KING JR. BLVD. LEESBURG, FL 34748		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6543209	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WELLER, JOHN H 4315 SERENE CIRCLE FRUITLAND PARK, FL 34731				Name Larry Bancefield Street Address (P.O. Box Number is Not Acceptable) 11075 N. Fuego Dr City Dunnellon FL Zip Code 34434	
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>Larry Bancefield</i> DATE 4-20-06 <small>Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLHOUSE, JUDY		NAME		
STREET ADDRESS	819 OAK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WELLER, JOHN H		NAME	PD Bancefield, Larry	
STREET ADDRESS	4315 SERENE CIRCLE		STREET ADDRESS	11075 N. Fuego Dr	
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP	Dunnellon FL 34434	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TWISS, WANDA		NAME	SD Joseph Baxter	
STREET ADDRESS	41640 COUNTY RD 25		STREET ADDRESS	8826 Lakeshore Dr	
CITY-ST-ZIP	WEIRSDALE, FL		CITY-ST-ZIP	Yalaha, FL 34797	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 a 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>Judy Gillhouse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-20-06 Daytime Phone # 352 753 3333		