2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706346

FILED Jan 13, 2008 Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF NEW PORT RICHEY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

5342 AVERY ROAD NEW PORT RICHEY, FL 34652

Current Mailing Address: New Mailing Address:

PO BOX 117 5342 AVERY ROAD

PORT RICHEY, FL 34673 NEW PORT RICHEY, FL 34652

FEI Number: 59-1749381 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROSS, ARTHUR L

1507 JUNE AVE

BROOKSVILLE, FL 34601 US

BARROWS, MEL L

218 GLENRIDGE LP. N

LAKELAND, FL 33809 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: MEL BARROWS 01/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: O (X) Change () Addition

 Name:
 O'BRYAN, KEN
 Name:
 O'BRYAN, JUDY

 Address:
 6053 9TH AVENUE
 Address:
 6053 9TH AVENUE

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete Title: S (X) Change () Addition Name: CONIGLIONE, SANDY Name: KLINGBERG, SHARON

 Address:
 8151 TANTALLON WAY
 Address:
 100741 OLDHAM RD.

 City-St-Zip:
 TRINITY, FL 34655
 City-St-Zip:
 PORT RICHEY, FL 34668

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 CONIGLIONE, DOMINICK
 Name:
 SQUIER, GERÂLD

 Address:
 8151 TANTALLON WAY
 Address:
 31547 MENDOCENE

City-St-Zip: TRINITY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34653

Name:IRWIN, LINDAName:MATHENY, CHARLESAddress:7337 WESTWIND DRIVEAddress:7337 WESTWIND DRIVECity-St-Zip:PORT RICHEY, FL 34668City-St-Zip:NEW PORT RICHEY, FL 34653

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: MEL BARROWS P 01/13/2008