


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 707056 1. Entity Name FIRST CHURCH OF THE NAZARENE OF HIGH SPRINGS, INC.	
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Principal Place of Business P O BOX 715 SANTA FE BLVD HIGH SPRINGS, FL 32643	Mailing Address P O BOX 715 SANTA FE BLVD HIGH SPRINGS, FL 32643 US
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DO NOT WRITE IN THIS SPACE



03082004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ADAIR, JIM 12302 N.W. 191ST TERRACE ALACHUA, FL 32615	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000089946 03/16/04-80010-006 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAIR, JIM POST OFFICE BOX 2162 ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODEN, BUDDY 15420 NW 93RD STREET ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONERLY, DAVID 20019 NW CR 2054 ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <i>Jim Adair</i> - Jim Adair - 3/10/04 (386-4184152)	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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