## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707874** 

FILED Apr 05, 2005 Secretary of State

Entity Name: ENSLEY CHURCH OF THE NAZARENE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8300 N PALAFOX PENSACOLA, FL 32534 **Current Mailing Address: New Mailing Address:** 8300 N PALAFOX PENSACOLA, FL 32534 FEI Number: 59-6543207 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: JACKSON, JARRETT E JACKSON, JARRETT E 2912 MOLÍNO ROAD 1351 HWY 97 S CANTONMENT, FL 32533 MOLINO, FL 32577 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: JARRETT E. JACKSON 04/05/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JACKSON, JOEL R Name: Name: 800 ALYSHEBA LANE Address: Address: City-St-Zip: CANTONMENT, FL 32533 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete Name: JACKSON, MARCIA Name: JACKSON, MARCIA Address: 2912 MOLINO RD Address: 1351 HWY 97 S City-St-Zip: MOLINO, FL 32577 City-St-Zip: CANTONMENT, FL 32533 Title: () Delete Title: () Change () Addition CABANA, FERNANDO Name: Name: 6122 LEON LANE Address: Address: City-St-Zip: PACE, FL 32571 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition Name: DIAMOND, SCOTT Name: DIAMOND, SCOTT 170 GREENRIDGE DRIVE 10044 HUMMINGBIRD BLVD. Address: Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32514 Title: () Delete Title: () Change () Addition LILES, ESTHER Name: Name: 1874 TILLMAN LANE Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARCIA JACKSON TREA 04/05/2005