


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 707917

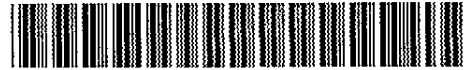
1. Entity Name
GRACE CHURCH OF THE NAZARENE, INC.



Principal Place of Business Mailing Address
3706 WYOMING AVENUE **3706 WYOMING AVENUE**
TAMPA FL 33611-1255 **TAMPA FL 33611-1255**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
ELLIOTT, PAULINE
4305 BAY AVENUE
TAMPA FL 33616

4. FEI Number **59-1870164** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME Delete
D MINK, CORYELL
 STREET ADDRESS **4517 BALLAST POINT BLVD**
 CITY-ST-ZIP **TAMPA FL**

TITLE NAME Delete
S ELLIOTT, PAULINE
 STREET ADDRESS **4305 BAY AVENUE**
 CITY-ST-ZIP **TAMPA, FL 00000**

TITLE NAME Delete
D RUDA, STEVE
 STREET ADDRESS **3413 SAN JUAN**
 CITY-ST-ZIP **TAMPA FL**

TITLE NAME Delete
D KOCH, BETTY
 STREET ADDRESS **4407 OKLAHOMA AVE.**
 CITY-ST-ZIP **TAMPA, FL 00000**

TITLE NAME Delete
P BIRD, LANCE G
 STREET ADDRESS **8660 INDIAN RIDGE TRL/PO BOX 90874**
 CITY-ST-ZIP **LAKELAND FL 33804**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 Change Addition
000000042680
02/10/04-80035-001 61.25

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve Ruda **2-07-04** **813 839 0277**
Signature typed or printed name of signing officer or director Date Daytime Phone #