

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711024

FILED
May 02, 2006
Secretary of State

Entity Name: CHURCH OF THE NAZARENE OF SEBRING, INC.

Current Principal Place of Business:

420 S. PINE
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 372
SEBRING, FL 33871 US

New Mailing Address:

FEI Number: 59-6140704 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GARRISON, EMMETT PASTOR
2611 LAKEVIEW DRIVE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GARRISON, LORETTA K
Address: 2308 FERNWAY STREET
City-St-Zip: SEBRING, FL 33872 US

Title: P () Delete
Name: GARRISON, EMMETT
Address: 2611 LAKEVIEW DR
City-St-Zip: SEBRING, FL 33870 US

Title: TR () Delete
Name: THOMPSON, HOWARD
Address: 3811 GOLFWAY RD.
City-St-Zip: SEBRING, FL 33872 US

Title: T () Delete
Name: SUMMERS, ETHEL
Address: 3725 HOYT AVE.
City-St-Zip: SEBRING, FL 33876 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EMMETT GARRISON

PAS

05/02/2006

Electronic Signature of Signing Officer or Director

Date