

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713070

FILED
Jan 22, 2008
Secretary of State

Entity Name: CENTRAL CHURCH OF THE NAZARENE OF CLEARWATER, INC.

Current Principal Place of Business:

1601 N HIGHLAND AVE
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

/OF CLEARWATER INC
1601 NORTH HIGHLAND AVENUE
CLEARWATER, FL 33755 US

New Mailing Address:

FEI Number: 59-2159438 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SLOAN, GEORGE E
39 LEXINGTON DRIVE
DUNEDIN, FL 34698 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: T/D () Delete
Name: LANG, MARTHA
Address: 1182 RANCHWOOD DRIVE E
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: VOGT, RON
Address: 1507 LINWOOD DRIVE
City-St-Zip: CLEARWATER, FL 33755

Title: S () Delete
Name: BROOKS, PAULA
Address: 116 1/2 8TH AVENUE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: MERLIN, YOUNT
Address: 21389 MALCOMB DRIVE
City-St-Zip: PALM HARBOR, FL 34684

Title: T () Delete
Name: MANIS, HAROLD
Address: 1006 GRANADA STREET
City-St-Zip: CLEARWATER, FL 33755

Title: T () Delete
Name: BALDWIN, BRUCE
Address: 1426 SANTA ANNA DRIVE
City-St-Zip: DUNEDIN, FL 34698

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
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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 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: GEORGE E. SLOAN

DR.

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date