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

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90271 018 ****61.25

DOCUMENT # 713738

1. Entity Name

SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.

Principal Place of Business	Mailing Address
18763 SE C.R. 137 WHITE SPRINGS FL 32096	18763 C.R. 137 WHITE SPRINGS FL 32096 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3192960 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, WILLIAM A
18763 SE CO. RD. 137
WHITE SPRINGS FL 32096

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERIXTON, LEE 9969 SE 142ND BLVD. WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOURAKER, MARTHA 8983 SE 150TH AVE WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Sheila McCumber 9969 S.E. 142nd Blvd. White Springs, FL 32096
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOURAKER, PEARSALL 8983 SE 150TH AVE WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Ruth Johnson 9946 S.E. 142nd Blvd. White Springs, FL 32096
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ERIXTON, CATHY 18767 CO. ROAD 137 WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FOURAKER, MATTIE 9388 S E 154TH AVE WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOURAKER, RICHARD 9388 SE 154TH AVE WHITE SPRINGS FL 32096	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Mattie Fouraker Treasurer 4-26-04 386-397-2922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #