

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# 714943

Entity Name: FIRST CHURCH OF THE NAZARENE OF THE BEACHES, INC.

Current Principal Place of Business:

424 DAVIS STREET
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

12137 CAMP CREEK DR
JACKSONVILLE, FL 32225

Current Mailing Address:

424 DAVIS STREET
NEPTUNE BEACH, FL 32266

New Mailing Address:

12137 CAMP CREEK DR
JACKSONVILLE, FL 32218

FEI Number: 59-6543219 **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:

Name and Address of New Registered Agent:

ARMS, GERALD
3548 TRIDENT COURT
JACKSONVILLE BEACH, FL 32250 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: GERALD N. ARMS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOD, RICHARD C
Address: 12137 CAMP CREEK DR
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: D () Delete
Name: ARMS, GERALD
Address: 3548 TRIDENT CT
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

Title: D () Delete
Name: CAUSEY, DAVID A
Address: 2251 FALLEN TREE DR W
City-St-Zip: JACKSONVILLE, FL 32246

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

Title: D () Delete
Name: EWING, JAMES
Address: 11880 HIDDEN HILLS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Change () Addition
Name: REEVER, GINA
Address: 6740 STRAWBERRY LN
City-St-Zip: JACKSONVILLE, FL 32211

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: GERALD N. ARMS

TREA

10/17/2006

Electronic Signature of Signing Officer or Director

Date