

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714943

FILED
Apr 23, 2008
Secretary of State

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

Current Principal Place of Business:

12137 CAMP CREEK DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12137 CAMP CREEK DR
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-6543219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMS, GERALD
3548 TRIDENT COURT
JACKSONVILLE BEACH, FL 32250 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: P () Delete
Name: WOOD, RICHARD C
Address: 12137 CAMP CREEK DR
City-St-Zip: JACKSONVILLE, FL 32225

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

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

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

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 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

D

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date