

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717874

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: PRINCETON CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

24800 SW 134TH AVE  
P.O. BOX 924311  
PRINCETON, FL 33032 US

**New Principal Place of Business:**

24800 SW 134TH AVE  
PRINCETON, FL 33032 US

**Current Mailing Address:**

P.O. BOX 924311  
PRINCETON, FL 33092311 US

**New Mailing Address:**

FEI Number: 59-6560211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

COX, EMERY  
12449 SW. 130ST  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

COX, EMERY  
23111 SW 167 AVENUE  
HOMESTEAD, FL 33170 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/24/2007

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: WEST, KENNY  
Address: P.O.BOX 924312  
City-St-Zip: HOMESTEAD, FL 33092 43

Title: SD ( ) Delete  
Name: KING, LUIS  
Address: 24201 SW 129 AVE  
City-St-Zip: HOMESTEAD, FL 33032

Title: PCD ( ) Delete  
Name: SPEAR, JAMES W,  
Address: 24595 S.W. 147 AVE  
City-St-Zip: HOMESTEAD, FL 33032

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: PUGA, EUNICE  
Address: 3001 PONCE DE LEON BLVD, SUITE # 214  
City-St-Zip: CORAL GABLES, FL 33134

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: EUNICE PUGA

Electronic Signature of Signing Officer or Director

TD

01/24/2007

Date