

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: _____

01/24/2007

Electronic Signature of Registered Agent

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

TD

01/24/2007

Electronic Signature of Signing Officer or Director

Date