

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720804

**FILED**  
**Jun 30, 2008**  
**Secretary of State**

**Entity Name:** FIRST CHURCH OF THE NAZARENE OF CLEARWATER, INC.

**Current Principal Place of Business:**

1875 NURSERY ROAD  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

1875 NURSERY ROAD  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 59-1876468      **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:**

HILKERT, DOUGLAS L  
2557 NURSERY RD., STE. A  
CLEARWATER, FL 33764      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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      (X) Delete  
Name: LEWIS, ERNEST C.  
Address: 1851 ERNEST RD.  
City-St-Zip: CLEARWATER, FL

Title: D      ( ) Delete  
Name: CLEVENGER, BOB  
Address: 3070 HOYT AVE  
City-St-Zip: CLEARWATER, FL 33759

Title: D      ( ) Delete  
Name: SCOTT, GARY  
Address: 1350 ALEXANDER WAY  
City-St-Zip: CLEARWATER, FL 33756

Title: D      ( ) Delete  
Name: OWEN, ELMER  
Address: 29081 US HWY 19 #262  
City-St-Zip: CLEARWATER, FL 33761

**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: GARY SCOTT

D

06/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date