

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722131

FILED
Aug 25, 2006
Secretary of State

Entity Name: OKEECHOBEE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

425 SW 28TH ST.
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

425 SW 28TH ST. - WOLFF ROAD
OKEECHOBEE, FL 34974 US

Current Mailing Address:

425 S.W. 28TH STREET
OKEECHOBEE, FL 34974 US

New Mailing Address:

425 S.W. 28TH STREET - WOLFF ROAD
OKEECHOBEE, FL 34974 US

FEI Number: 59-1988094 **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:

HUDSON, JAMES E
2427 SW 18TH CT
OKEECHOBEE, FL 34974 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: PD () Delete
Name: HUDSON, JAMES E
Address: 2427 SW 18TH CT
City-St-Zip: OKEECHOBEE, FL 34974

Title: BDS () Delete
Name: GLAZE, VICKI
Address: 310 NW 115TH DR.
City-St-Zip: OKEECHOBEE, FL 34972

Title: T () Delete
Name: CONNER, BILL
Address: 807 SE 13TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: TR () Delete
Name: CONNER, BILL
Address: 807 SE 13TH STREET
City-St-Zip: OKEECHOBEE, FL 34974

Title: TR () Delete
Name: GLAZE, MACK
Address: 310 NW 115TH DRIVE
City-St-Zip: OKEECHOBEE, FL 34972

Title: TR () Delete
Name: DELAUDER, GRACE
Address: 8951HWY 78 W - LOT 15G
City-St-Zip: OKEECHOBEE, FL 34974

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
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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 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: JAMES E. HUDSON

REV

08/25/2006

Electronic Signature of Signing Officer or Director

Date