

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 725501

1. Entity Name
LARGO WESTSIDE CHURCH OF THE NAZARENE, INC.



Principal Place of Business
**13650 WALSHINGHAM ROAD
LARGO, FL 33774 US**

Mailing Address
**13650 WALSHINGHAM ROAD
LARGO, FL 33774 US**



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6508234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIGGS, TIMOTHY L
7932 TAYWOOD ROAD
LARGO, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
RIGGS, TIMOTHY L
7932 JAYWOOD ROAD
LARGO, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BENDER, TOM
8239 JENNIFER LN
SEMINOLE, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
RIBERDY, BEANIE
8967 113TH STREET
SEMINOLE, FL 33772**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, BILL
2421 GLENAN DR
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHERMAN, LARRY
8955 ANTIGUA DR
LARGO, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UG00000173348
01/07/05-80015-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bernard Ribordy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Ribordy
Bernard Ribordy

Treasurer
Treasurer

1-5-05
Date

727-995-6338
Daytime Phone #