

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 043 \*\*\*\*70.00

**DOCUMENT # 725740**

1. Entity Name

ST CLOUD CHURCH OF THE NAZARENE INC



Principal Place of Business

2176 MICHIGAN AVE.  
P.O. BOX 535  
ST. CLOUD FL 34769-5214

Mailing Address

2176 MICHIGAN AVE.  
P.O. BOX 535  
ST. CLOUD FL 34769-5214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-6537872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SARTIN, MYRON D.  
2301 OAK WIND CT.  
ST. CLOUD FL 34772

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SARTIN, MYRON D.	
STREET ADDRESS	2301 OAK WIND CT.	
CITY-STATE-ZIP	ST CLOUD, FL 00000	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SUSSEX, SHIRLEY	
STREET ADDRESS	1844 ASHTON PARK PLACE	
CITY-STATE-ZIP	SAINT CLOUD FL 34771	

TITLE	T	<input type="checkbox"/> Delete
NAME	GOOLSBY, PAT	
STREET ADDRESS	6230 LAKE LIZZIE DRIVE	
CITY-STATE-ZIP	ST. CLOUD FL	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RICHARDS, BOB	Change In Address
STREET ADDRESS	5716 SWEETHEART CT	
CITY-STATE-ZIP	SAINT CLOUD FL 34772	

TITLE	T	<input type="checkbox"/> Delete
NAME	VIZE, RICHARD	
STREET ADDRESS	1380 TERRY LANE	
CITY-STATE-ZIP	KISSIMMEE FL	

TITLE	T	<input type="checkbox"/> Delete
NAME	KINNEY, LARRY	
STREET ADDRESS	327 CAROLINA AVE	
CITY-STATE-ZIP	SAINT CLOUD FL 34769	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruby Kinney	
STREET ADDRESS	327 Carolina Ave.	
CITY-STATE-ZIP	St Cloud, FL 34769	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Ray	
STREET ADDRESS	2455 Heron CT.	
CITY-STATE-ZIP	ST. Cloud, FL 34771	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Masters	
STREET ADDRESS	1024 Paquin Drive Ct. =	
CITY-STATE-ZIP	St. Cloud FL 34769	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Myron D. Sartin**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/06

407 -892 - 1682

407-892 - 8184