

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725740

FILED
May 19, 2009
Secretary of State

Entity Name: ST CLOUD CHURCH OF THE NAZARENE INC

Current Principal Place of Business:

2176 MICHIGAN AVE.
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 535
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 59-2353773 **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:

SARTIN, MYRON D REV.
2301 OAK WIND CT.
SAINT CLOUD, FL 34772 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: PD () Delete
Name: SARTIN, MYRON D REV.
Address: 2301 OAK WIND CT.
City-St-Zip: ST CLOUD, FL 34772 US

Title: S () Delete
Name: KINNEY, RUBY
Address: 327 CAROLINA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T () Delete
Name: RAY, BETTY
Address: 2455 HERON CT
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: T () Delete
Name: MASTERS, JOE
Address: 101 PAQUIN DR CT.
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T () Delete
Name: VIZE, RICHARD
Address: 1380 TERRY LANE
City-St-Zip: KISSIMMEE, FL 34744 US

Title: T () Delete
Name: KINNEY, LARRY
Address: 327 CAROLINA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

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: T (X) Change () Addition
Name: ORTIZ, MARIO
Address: 4705 MALLARD DR.
City-St-Zip: SAINT CLOUD, FL 34772 US

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: LARRY D. KINNEY

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05/19/2009

Electronic Signature of Signing Officer or Director

Date