

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 13, 2007
Secretary of State

DOCUMENT# 728428

Entity Name: NORTH FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.**Current Principal Place of Business:**6817 SOUTHPOINT PARKWAY
SUITE 1301
JACKSONVILLE, FL 32216 US**New Principal Place of Business:****Current Mailing Address:**6817 SOUTHPOINT PARKWAY
SUITE 1301
JACKSONVILLE, FL 32216 US**New Mailing Address:****FEI Number:** 59-6543225 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JENKINS, ORVILLE W JR
6817 SOUTHPOINT PARKWAY
SUITE 1301
JACKSONVILLE, FL 32216 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: JENKINS, ORVILLE W JR
Address: 2938 DUPONT AVE
City-St-Zip: JACKSONVILLE, FL 32217**Title:** T () Delete
Name: PATRICK, MARK R
Address: 4029 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207**Title:** D () Delete
Name: HORNER, PAUL
Address: 7831 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32606**Title:** D () Delete
Name: WADE, STAN
Address: 3212 MOODY ROAD
City-St-Zip: ORANGE PARK, FL 32065**Title:** DS () Delete
Name: ACHESON, CHARLES D.
Address: 1420 TRAVELERS PALM
City-St-Zip: EDGEWATER, FL 32132**Title:** D () Delete
Name: PARKER, CAROL
Address: 3530 N.W. 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32605**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: HUTCHINSON, GARY L
Address: 86458 MEADOWOOD DR.
City-St-Zip: YULEE, FL 32097**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** DS (X) Change () Addition
Name: STEPHENS, MARTHA
Address: 4404 RICHMOND PARK CT
City-St-Zip: JACKSONVILLE, FL 32224**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: MARK R PATRICK

TREA

11/13/2007

Electronic Signature of Signing Officer or Director

Date