

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 09, 2004  
Secretary of State**

DOCUMENT# 728631

**Entity Name:** DISTRICT ADVISORY BOARD OF THE SOUTHERN FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.

**Current Principal Place of Business:**

2665 PLACID VIEW DR.  
DIST. OFFICE  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

**Current Mailing Address:**

3031 SW 21 CT  
FORT LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 59-1573589      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHORTINGHOUSE, BYRON E  
2665 PLACIDVIEW DR.  
LAKE PLACID, FL 33852 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: TD ( ) Delete  
Name: WHITING, (WARREN),  
Address: 3031 SW 21 CT.  
City-St-Zip: FT. LAUDERDALE, FL

Title: SD ( ) Delete  
Name: GARDNER, GLEN II  
Address: 1616 59 ST. W.  
City-St-Zip: BRADENTON, FL 34209

Title: SD ( ) Delete  
Name: SPEAR, JAMES W  
Address: 24800 SW 134 AVE  
City-St-Zip: PRINCETON, FL 33032

Title: P ( ) Delete  
Name: SCHORTINGHOUSE, BYRON E DR  
Address: 2665 PLACID VIEW DR.  
City-St-Zip: LAKE PLACID, FL 33852

**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  
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 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 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: WARREN WHITING

TREA

01/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date