

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90065 028 \*\*\*\*61.25

<b>DOCUMENT # 728631</b> 1. Entity Name <b>DISTRICT ADVISORY BOARD OF THE SOUTHERN FLORIDA DISTRICT, CHURCH OF THE NAZARENE, INC.</b>			
Principal Place of Business <b>2665 PLACID VIEW DR. DIST. OFFICE LAKE PLACID, FL 33852 US</b>		Mailing Address <b>3031 SW 21 CT FORT LAUDERDALE, FL 33312 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2680 Placid View Dr</b> Suite, Apt. #, etc. <b>Dist. Office</b> City & State <b>Lake Placid, FL</b> Zip <b>33852</b> Country <b>US</b>		3. Mailing Address <b>2680 Placid View Dr.</b> Suite, Apt. #, etc. <b>Dist. Office</b> City & State <b>Lake Placid, FL</b> Zip <b>33856</b> Country <b>US</b>	
4. FEI Number <b>59-1573589</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NIXON, DAVID F 2680 PLACID VIEW DRIVE LAKE PLACID, FL 33852</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITING, (WARREN) 3031 SW 21 CT. FT. LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, DENNIS 7515 SEABREEZE DR. LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	TD Rice, Phil W. 3713 Bay Creek Dr. Bonita Springs, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUETTNER, BILL L 6100 BIRCHTREE TERR. LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NIXON, DAVID F 2680 PLACID VIEW DRIVE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete	NIXON, DAVID F 12 ACACIA CT. S. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2-16-08</b> Daytime Phone # _____	

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