

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 03, 2006
Secretary of State**

DOCUMENT# 729108

Entity Name: FIRST CHURCH OF THE NAZARENE OF SANFORD, FLORIDA, INC.

Current Principal Place of Business:

2581 S. SANFORD AVE
SANFORD, FL 327739581 US

New Principal Place of Business:

Current Mailing Address:

2581 S. SANFORD AVE
SANFORD, FL 327739581 US

New Mailing Address:

FEI Number: 59-6560192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARNES, JONATHAN
2581 S. SANFORD AVE
SANFORD L, FL 32773 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: T () Delete
Name: SMITH, JOHN
Address: 342 PINE TREE ROAD
City-St-Zip: LAKE MARY, FL 32746 US

Title: P () Delete
Name: CARNES, JONATHAN
Address: 2581 S. SANFORD AVE
City-St-Zip: SANFORD, FL 32773 US

Title: D () Delete
Name: HETSLER, PERRY
Address: 612 SUNRISE AVENUE
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: DS () Delete
Name: CARDELL, LUCINDA
Address: 2016 LAKE AVE
City-St-Zip: SANFORD, FL 32773 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SMITH, JOHN T
Address: 342 PINE TREE ROAD
City-St-Zip: LAKE MARY, FL 32746 US

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 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: JOHN T SMITH

Electronic Signature of Signing Officer or Director

T

01/03/2006

Date