


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90046 049 \*\*\*\*61.25

<b>DOCUMENT # 730773</b>			
1. Entity Name <b>NORTH FORT MYERS CHURCH OF THE NAZARENE, INC.</b>			
Principal Place of Business <b>6781 BAYSHORE ROAD N FORT MYERS FL 33917 US</b>		Mailing Address <b>P.O. BOX 3297 NORTH FORT MYERS FL 33918 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  <b>MILLS, CARLTON REV 15857 SHELLCREST DR SUITE 288 NORTH FORT MYERS FL 33917</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY ST ZIP	D ROHREY, ROSEMARY 7506 SIKI DEER WAY FORT MYERS FL 33912 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	D Jean Monroe 15630 CRYSTAL LAKE DR #101 NORTH FT. MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	D BARR, BUD 15811 BLUE SKIES DR NORTH FORT MYERS FL 33917 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	D BETTIE COOLEY 1407 SE 30TH ST CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	D FOLDEN, BETSY 3605 SW 2ND AVE CAPE CORAL FL 33914 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	D BLAKEMAN, TOMMY 13521 FERN TRAIL DR NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	D SCHWAB, SAM 19250 N TAMiami Trl #E4 NORTH FORT MYERS FL 33903 <input checked="" type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY ST ZIP	S O'LYNN, VAN 154 BLUE BEARD DR FORT MYERS FL 33917 <input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/06)

4. FEI Number **59-1577196** Applied For ☐ Not Applicable ☐  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this 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.

**SIGNATURE:** Carlton A. Mills 3/29/07 239-567-0150  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #