2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 731587

Entity Name: CHURCH OF THE NAZARENE, LIVE OAK, FLORIDA, INC.

Current Principal Place of Business:

915 S. CHURCH AVE.
LIVE OAK, FL 32060

New Principal Place of Business:

915 S. CHURCH AVE.
LIVE OAK, FL 32064

Current Mailing Address:

915 S. CHURCH AVE.
LIVE OAK, FL 32060

New Mailing Address:

915 S. CHURCH AVE.
LIVE OAK, FL 32064

FEI Number: 59-6546051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHATTLE, LAWRENCE A., JR.
1436 MYRTLE AVE
LIVE OAK, FL 32064 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: P ( ) Delete
Name: MEDARIS, LOUIS
Address: 8487 GOLDKIST BLVD
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete
Name: RENFROW, LORETTA K
Address: 831 SE KOON LAKE RD
City-St-Zip: MAYO, FL 32066

Title: T ( ) Delete
Name: LAND, ARTHUR JR
Address: 3529 DEER ST
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete
Name: SCHATTLE, LAWRENCE A JR
Address: 1436 MYRLTE AVE
City-St-Zip: LIVE OAK, FL 32064

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 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: LOUIS MEDARIS P 01/06/2009

Electronic Signature of Signing Officer or Director — Date