2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735138

FILED Apr 03, 2006 Secretary of State

Entity Name: FIRST CHURCH OF THE NAZARENE OF FORT WALTON BEACH, INC.

Current Principal Place of Business: New Principal Place of Business: 27 FIRST ST. S.W FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 **Current Mailing Address: New Mailing Address:** 27 FIRST ST. S.W. 27 FIRST ST FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 FEI Number: 59-6543216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARD, MARTHA BOULET, RONALD 840 N. LAKESIDE DRIVE 36 CHELSEA DRIVE FORT WALTON BEACH, FL 32547 DESTIN, FL 32541 US 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: RONALD BOULET 04/03/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOULET, RONALD Name: Name: Address: 36 CHELSEA DRIVE Address: City-St-Zip: FORT WALTON BEACH, FL 32548 City-St-Zip: Title: () Delete Title: () Change () Addition

Name:

Address:

City-St-Zip:

City-St-Zip: Title:

Name:

Address:

itle: ST () Delete

Name: WARD, MARTHA
Address: 840 N. LAKESIDE DRIVE
City-St-Zip: DESTIN, FL 32541

OSBORNE, TOM

227 MCARTHUR AVE., N.W.

FT WALTON BEACH, FL

Title: ST (X) Change () Addition

Name: WEBB, CAROL

Address: 8353 MERCADO STREET City-St-Zip: NAVARRE, FL 32566

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: TOM OSBORNE T 04/03/2006