2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745572

FILED Mar 31, 2007 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
916 NE 4TH POMPANO	H STREET BEACH, FL	33060			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
916 NE 4TH STREET POMPANO BEACH, FL 33060					
FEI Number:	59-0939946	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:					
SCHMITT, FOSTER 916 NE 4TH ST. POMPANO BEACH, FL 33060 US					
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Electror	nic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SCHMITT, FOS 732 NE 4TH ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (SPEAR, BOB 22 LAWRENCE BOYNTON BEA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PURINTON, DA 2548 SE 13TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LASSEN, LIND 817 SE 13 CT) Delete A EACH, FL 33441	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MICHAELIS, RI 220 SE 1ST TE		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: FOSTER SCHMITT P 03/31/2007