2008 NOT-FOR-PROFIT CORPORATION **NUAL REPORT**

Feb 25, 2008 8:00 am Secretary of State **DOCUMENT #745572** 02-25-2008 90072 012 ****61.25 FIRST CHURCH OF THE NAZARENE OF POMPANO BEACH, INC. Principal Place of Business Mailing Address 916 NE 4TH STREET 916 NE 4TH STREET POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Cha-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-0939946 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHMITT, FOSTER Street Address (P.O. Box Number is Not Acceptable) 916 NE 4TH ST. POMPANO BEACH, FL 33060 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 мау Ве Trust Fund Contribution. Due by May 1, 2008 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change : Addition SCHMITT, FOSTER MAME NAME schmitt, Faster 916 NE 3 H St (915 NE 3 H ST STREET ADDRESS 732 NE 4TH ST. STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP Hompan Boach Fl. 33060 TITLE D Delete TITLE ☐ Addition SPEAR, BOB NAME NAME STREET ADDRESS 22 LAWRENCE LAKE DR. STREET ADDRESS BÒYNTON BEACH, FL 33436 CITY-ST-ZIP-* CITY-ST-ZIP TITLE ☐ Delete TITS F ☐ Change ■ Addition NAME PURINTON, DAVID S STREET ADDRESS 2548 SE.13TH.COURT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition LASSEN, LINDA NAME NAME STREET ADDRESS 817 SE 13 CT STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MICHAELIS, RHONDA NAME STREET ADORESS 220 SE 1ST TERRACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE ☐ Delete ITTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 y

SIGNATURE:

FILED