


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90022 025 ****61.25

DOCUMENT # 747235

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF WINTER HAVEN, FLORIDA, INC.



Principal Place of Business: **560 THIRD STREET SW WINTER HAVEN FL 33880**

Mailing Address: **PO BOX 819 WINTER HAVEN FL 33882-0819**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

4. FEI Number: **59-1896521**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

BROWN, WILLIAM A
827 REFLECTIONS LOOP EAST
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: D	NAME: WHITESIDES, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 50010 ELOISE LOOP RD	CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: PC	NAME: DAVIS, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS: 110 COVINGTON COVE SE	CITY-ST-ZIP: WINTER HAVEN FL 33880	
TITLE: S	NAME: EBRIGHT, PAUL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4046 CYPRESS LANDING E	CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: D	NAME: DAVIS, VONNIE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 110 COVINGTON COVE SE	CITY-ST-ZIP: WINTER HAVEN FL 33880	
TITLE: D	NAME: BLAKE, CHARLES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 969 LA QUINTA BLVD	CITY-ST-ZIP: WINTER HAVEN FL 33884	
TITLE: SP	NAME: ESTEP, BRAD DR.	<input type="checkbox"/> Delete
STREET ADDRESS: 808 CARLTON CT. SE	CITY-ST-ZIP: WINTER HAVEN FL 33884	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: _____	NAME: MIKE OSBORN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 505 S. LAKE HOWARD DR.	CITY-ST-ZIP: WINTER HAVEN, FL 33880	
TITLE: _____	NAME: DAVID GAGNON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 415 E. CLOWER ST.	CITY-ST-ZIP: BARTON, FL 33830	
TITLE: _____	NAME: DEBBIE STEWART	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 111 SEVILLA ST	CITY-ST-ZIP: AUBURNDALE, FL 33823	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William Brown* **WILLIAM BROWN** 2/20/04 883-293-0690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #