


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-26-2005 90132 023 ****61.25
747235

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

Zip Country

FILED
05 JUL 15 2005

SECRETARY STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

4. FEI Number: **59-1896521**
Applied For: Not Applicable

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

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 re-issuing) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

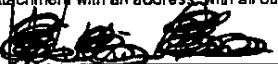
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: OSBORN, MIKE STREET ADDRESS: 505 S. LAKE HOWARD DR CITY-ST-ZIP: WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE: PC NAME: DAVIS, CHARLES STREET ADDRESS: 110 COVINGTON COVE SE CITY-ST-ZIP: WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE: S NAME: STEWART, DEBBIE STREET ADDRESS: 111 SEVILLA ST CITY-ST-ZIP: AUBURNDALE FL 33823	<input type="checkbox"/> Delete
TITLE: D NAME: GAGNON, DAVID STREET ADDRESS: 415 E. CLOWER ST. CITY-ST-ZIP: BARTOW FL 33830	<input type="checkbox"/> Delete
TITLE: SP NAME: ESTEP, BRAD DR. STREET ADDRESS: 808 CARLTON CT. SE CITY-ST-ZIP: WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DAVID G. GAGNON**
Date: **7/10/05**
Daytime Phone #: **863/293-0690**