## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 747235**

FILED Apr 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

560 THIRD STREET SW 244 AVE D SW

WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880

Current Mailing Address: New Mailing Address:

PO BOX 819

WINTER HAVEN, FL 338820819

FEI Number: 59-1896521 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:

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

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 SP () Delete
 Title:
 SP (X) Change () Addition

 Name:
 ESTEP, BRAD DR
 Name:
 SMITH, DONALD M REV

 Address:
 808 CARLTON CT SE
 Address:
 4925 CYPRESS GARDENS RD

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 GAGNON, DAVID
 Name:
 DAVIS, CHARLES

 Address:
 427 RUBY LAKE PL
 Address:
 427 RUBY LAKE PL

 City-St-Zip:
 WINTER HAVEN, FL 33884
 City-St-Zip:
 WINTER HAVEN, FL 33884

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 EBY, WES
 Name:

 Address:
 126 CYPRESS WAY
 Address:

 City-St-Zip:
 LAKE ALFRED, FL 33850
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A. BROWN ADMI 04/13/2009