

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747307

FILED
Feb 08, 2004
Secretary of State

Entity Name: NEW HOPE CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

320 CLARK ROAD
JACKSONVILLE, FL 322185508

New Principal Place of Business:

Current Mailing Address:

320 CLARK ROAD
JACKSONVILLE, FL 322185508

New Mailing Address:

FEI Number: 59-6543222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, DAVE
3334 E. SHENANDOAH DR.
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWSON, DAVE,
Address: 3334 E. SHENANDOAH DR.
City-St-Zip: ORANGE PARK, FL

Title: TD () Delete
Name: RINER, CRYSTAL H
Address: 11226 DUVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: DENNIS, ELIZABETH,
Address: 2344 3RD AVE.
City-St-Zip: JACKSONVILLE, FL

Title: TD () Delete
Name: BARTCHLETT, NANCY
Address: 12208 TINY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVE LAWSON

PD

02/08/2004

Electronic Signature of Signing Officer or Director

Date