## 2005 NOT-FOR-PROFIT CORPORATION

## Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #747802** 04-28-2005 90154 050 \*\*\*\*61.25 1. Entity Name GULFPORT CHURCH OF THE NAZARENE Principal Place of Business Mailing Address 1000-55TH STREET SOUTH 1000-55TH STREET SOUTH GULFPORT, FL 33707 GULFPORT, FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1696007 City & State City & State Applied For Not Applicable Zip Country Zip 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 COUCHMAN, KENNETH L REV 5401 17TH AVENUE SOUTH Street Address (P.O. Box Number is Not Acceptable) GULFPORT, FL 33707 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61,25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2005 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE Delete TITLE ☐ Change BARRICELLA, LORRAINE NAME NAME 5417 JERSEY AVE SOUTH STREET ADDRESS STREET ADDRESS GULFPORT, FL 33707 CITY-ST-71P CITY-ST-ZIP Detete TITLE Addition ☐ Change NAME GROSSO, MARIE NAME STREET ACCRESS 5405 11TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP Delete TITLE ☐ Addition PEPPER, JEANETTE NAME NAME STREET ADDRESS 250 58TH STREET NORTH #212 STREET ADDRESS 1/th Avenue-South C!TY-ST-ZIP ST PETERSBURG, FL 33710 CITY-ST-7IP TITL F Delete TITLE Change ☐ Addition PAULEY, RUTH ANN Cannon NAME 11th Avenue South STREET ADDRESS 4840 HARDING ROAD STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33709 CITY-ST-ZIP 337o7 TITLE ☐ Delete TILE ☐ Change ■ Addition NAME COUCHMAN, JENNIFER NAME STREET ADDRESS 5401 17TH AVE SOUTH STREET ADDRESS CITY-ST-ZIP GULFPORT, FL 33707 CITY-ST-ZIP

**FILED** 

Change

☐ 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

COUCHMAN, KENNETH

5401 17TH AVE SOUTH

GULFPORT, FL 33707

Seanifor M. Couchman 4/25/0 SIGNATURE: