

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90253 021 ****61.25

DOCUMENT # 753468

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF MELBOURNE,
INC.



Principal Place of Business
2745 S. BABCOCK ST.
MELBOURNE, FL 32901

Mailing Address
2745 S. BABCOCK ST.
MELBOURNE, FL 32901

50041730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1867451

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATTIG, REV. LARRY A
2745 S. BABCOCK ST.
MELBOURNE, FL 32901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
D DUNCKLEE, DELBERT E ☐ Delete
STREET ADDRESS
200 JASON COURT
CITY- ST- ZIP
SATTELLITE BEACH, FL 32937

TITLE
NAME
TD UNRUH, VANCE ☐ Delete
STREET ADDRESS
320 FULLER ST, SE
CITY- ST- ZIP
PALM BAY, FL 32909

TITLE
NAME
SD WOLFGANG, DONNA J ☒ Delete
STREET ADDRESS
356 OLSTER ST. SW
CITY- ST- ZIP
PALM BAY, FL 32908

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
SD SHEILA GROSVENOR ☒ Addition
STREET ADDRESS
450 RHOME AVE
CITY- ST- ZIP
PALM BAY FL 32907

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Change ☐ 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:

Larry A Attig *LARRY A ATTIG*

4/14/05 *321) 676-9596*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #