

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90038 019 ****61.25

DOCUMENT # 753994

1. Entity Name
FIRST CHURCH OF THE NAZARENE OF TALLAHASSEE, FLORIDA, INC.



Principal Place of Business
 1983 MAHAN DR
 TALLAHASSEE, FL 32308

Mailing Address
 1983 MAHAN DR
 TALLAHASSEE, FL 32308



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
 59-6543210

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

PURSELL, WILLIAM ESQ
 1983 MAHAN DR
 TALLAHASSEE, FL 32305

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, 2006

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	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	GATES, STEVEN W	1983 MAHAN DR	TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/>
D	SEIDEL, RICHARD	6885 GLENMEADOW LANE	TALLAHASSEE, FL 32311	<input type="checkbox"/>
D	NICHOLS, KENNETH	3199 WHITNEY DR E	TALLAHASSEE, FL 32301	<input type="checkbox"/>
D	PHILLIPS, SIMMIE	5106 CHAMBORD DR	TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/>
D	GOODWIN, ELLA	2942 TEWKESBURY TRACE	TALLAHASSEE, FL 32309	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Dhanaragan, Zachariah	1983 Mahan Drive	Tallahassee, FL 32308	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ella H. Goodwin Ella H. Goodwin, Treasurer 01/13/06 (850) 917-2650
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #