

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753994

FILED  
Mar 19, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1983 MAHAN DR  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1983 MAHAN DR  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-6543210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PURSELL, WILLIAM ESQ  
1983 MAHAN DR  
TALLAHASSEE, FL 32305 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: D ( ) Delete  
Name: DHANARAGAN, ZACHARIAH  
Address: 1693 COPPERFIELD CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: SEIDEL, RICHARD  
Address: 6885 GLENMEADOW LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete  
Name: MCKEE, BRIAN  
Address: 3046 BANKS RD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: THIGPEN, RUBY  
Address: 335 OLD MAGNOLIA RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P ( ) Delete  
Name: PULLEN, DAVID D  
Address: 1983 MAHAN DR.  
City-St-Zip: TALLAHASSEE, FL 32308

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: DAVID D. PULLEN

P

03/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date