2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754365

FILED Jul 21, 2004 Secretary of State

Entity Name: THE ARCADIA FIRST CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business: New Principal Place of Business: 132 WEST GIBSON STREET ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 132 WEST GIBSON STREET ARCADIA, FL 34266 FEI Number: 59-0954124 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEWEESE, HERBERT 1885 NE VÓSS OAKS CIRCLE ARCADIA, FL 34266 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete CRIMMINS, KEVINS C SR CRIMMINS, KEVIN C SR Name: Name: 523 CLARK LANE Address: 523 CLARK LANE Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: Title: () Delete () Change () Addition BORDNER, GARYU Name: Name: Address: 4925 NW DILL AVE. P.O. BOX 1708 Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: (X) Change () Addition BROWN, DONNA Name: NICHOLSON, STANLEY Name: Address: 1712 PEAR ST Address: P O BOX 3118 City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34265 Title: () Delete Title: (X) Change () Addition Name: PALMER, CARLAS Name: TWOHIG, DORIS Address: 1751 NE MIKE STREET Address: 1880 S. E MAPLE City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: Title: () Delete () Change () Addition BROWN, ELIZABETH Name: Name: 1722 N.E. TRISHA AVE. Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: () Delete Title: (X) Change () Addition BARBARA, MAICK BARBARA, NICHOLSON Name: Name: P O BOX 3118 Address: 5097 NW DILL RD Address: ARCADIA, FL 34266 ARCADIA, FL 34265 City-St-Zip: 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: KEVIN CRIMMINS P 07/21/2004