

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754365

FILED  
Jan 20, 2005  
Secretary of State

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

**Current Principal Place of Business:**

132 WEST GIBSON STREET  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

132 WEST GIBSON STREET  
ARCADIA, FL 34266 US

**New Mailing Address:**

**FEI Number:** 59-0954124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEWEESE, HERBERT  
1885 NE VOSS OAKS CIRCLE  
ARCADIA, FL 34266 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: P ( ) Delete  
Name: CRIMMINS, KEVIN C SR  
Address: 523 CLARK LANE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: BORDNER, GARYU  
Address: 4925 NW DILL AVE, P.O. BOX 1708  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: NICHOLSON, STANLEY  
Address: P O BOX 3118  
City-St-Zip: ARCADIA, FL 34265

Title: D ( ) Delete  
Name: TWOHIG, DORIS  
Address: 1880 S. E MAPLE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: BROWN, ELIZABETH  
Address: 1722 N.E. TRISHA AVE.  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: BARBARA, NICHOLSON  
Address: P O BOX 3118  
City-St-Zip: ARCADIA, FL 34265

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: STANTON, BYRON O  
Address: 6443 N.E. CO. RD. 660  
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Change ( ) Addition  
Name: TIM, TWOHIG  
Address: 1880 S.E. MAPLE DR.  
City-St-Zip: ARCADIA, FL 34266

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 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: BYRON O. STANTON

P

01/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date