

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754365

FILED
Mar 06, 2007
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:

STANTON, BYRON O
6443 N.E. CO. RD. 660
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: STANTON, BYRON O
Address: 6443 N.E. CO. RD. 660
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: TIM, TWOHIG
Address: 1880 S.E. MAPLE DR.
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: () 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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: BYRON O. STANTON

P

03/06/2007

Electronic Signature of Signing Officer or Director

Date