2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754365

FILED Mar 21, 2008 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: STANTON, BYRON O 6443 N.E. CO. RD. 660 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: () Delete () Change () Addition STANTON, BYRON O Name: Name: 6443 N.E. CO. RD. 660 Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: Title: Title: () Delete (X) Change () Addition TIM, TWOHIG Name: RYAN, ALVIN Name: Address: 1880 S.E. MAPLE DR. Address: 22 JOHNSON AVE City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: (X) Change () Addition NICHOLSON, STANLEY BORDNER, GARY Name: Name: 4080 NE DIANE TERRACE Address: P O BOX 3118 Address: City-St-Zip: ARCADIA, FL 34265 City-St-Zip: ARCADIA, FL 34265 Title: () Delete Title: D (X) Change () Addition Name: TWOHIG, DORIS Name: RACKMILL, STEVEN Address: 1880 S. E MAPLE Address: 4307 NE HWY 17 #8 City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: () Delete Title: () 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, NICHOLSON BROWN, MATTHEW Name: Name: Address: P O BOX 3118 Address: 523 CLARK LN ARCADIA, FL 34265 ARCADIA, FL 34265 City-St-Zip: 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: BYRON O. STANTON P 03/21/2008