2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# 754992

Entity Name: FIRST CHURCH OF THE NAZARENE, INCORPORATED BARTOW, FLORIDA

Current Principal Place of Business:

BARTOW, FLORIDA
950 S. FLORAL AVE.
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

BARTOW, FLORIDA
950 S. FLORAL AVE.
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-6537862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, ROBERT D
280 W. HOOKER ST
BARTOW, FL 33830 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: LEWIS, ROBERT D
Address: 280 W HOOKER ST
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete
Name: CARTER, VICKY
Address: 344 EAGLE LOOP RAOD
City-St-Zip: EAGLE LAKE, FL 33880

Title: D ( ) Delete
Name: PURVIS, MARTHA
Address: 4015 CREWS LANE
City-St-Zip: LAKELAND, FL 33846

Title: D ( ) Delete
Name: BERNOR, RENA
Address: 713 ROSE ST. LOT#107
City-St-Zip: AUBURNDALE, FL 33823

Title: D ( ) Delete
Name: CASSICK, FRED,
Address: 3539 GARRARD ROAD
City-St-Zip: FT. MEADE, FL

Title: D ( ) Delete
Name: CASSICK, AMY
Address: 840 SHADY LANE
City-St-Zip: BARTOW, FL 33830

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:

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: MARTHA PURVIS D 01/16/2006

Electronic Signature of Signing Officer or Director — Date