2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754992

FILED Mar 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: BARTOW, FLORIDA BARTOW, FLORIDA 950 S. FLÓRAL AVE. 950 S. FLÓRAL AVE BARTOW, FL 33830 BARTOW, FL 33830 US **Current Mailing Address:** New Mailing Address: BARTOW, FLORIDA BARTOW, FLORIDA 950 S. FLORAL AVE. 950 S. FLORAL AVE. BARTOW, FL 33830 BARTOW, FL 33830 US FEI Number: 59-6537862 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: SPARKS, S.J. CASSICK, RICHARD 950 S. FLORAL AVE 840 SHADY LANE BARTOW, FL 33830 US BARTOW, FL 33830 US 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: JEFF BROCK 03/30/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SPARKS, S.J. BROCK, JEFF Name: Name: 950 S. FLORAL AVE Address: 4154 COBBLESTONE DR Address: LAKELAND, FL 33813 US City-St-Zip: BARTOW, FL 33830 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition DICKESS, JENNIFER Name: CASSICK, AMY Name: Address: 5618 OLD SCOTT LAKE RD Address: 840 SHADY LANE City-St-Zip: LAKELAND, FL 33813 City-St-Zip: BARTOW, FL 33830 US Title: () Delete Title: (X) Change () Addition PURVIS, MARTHA BERNOR, RENA Name: Name: 4015 CREWS LANE 713 ROSE ST, LOT 107 Address: Address: City-St-Zip: LAKELAND, FL 33813 City-St-Zip: AUBURNDALE, FL 33823 US Title: () Delete Title: (X) Change () Addition Name: BERNOR, RENA Name: LIKENS, MARCELLA 713 ROSE ST. LOT#107 2455 HIGHWAY 17 S, LOT 21 Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: BARTOW, FL 33830 US Title: (X) Delete Title: () Change () Addition CASSICK, FRED, Name: Name: 3539 GARRARD ROAD Address: Address: City-St-Zip: FT. MEADE, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition CASSICK, AMY Name: Name: Address: 840 SHADY LANE Address: BARTOW, FL 33830 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: JEFF BROCK P 03/30/2009