

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90041 034 ****70.00

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1. Entity Name

LEHIGH ACRES CHURCH OF THE NAZARENE, INC.



Principal Place of Business

210 LEE BLVD
C/O WARCHOL, REV GARY T
LEHIGH ACRES FL 33936
US

Mailing Address

210 LEE BLVD
C/O WARCHOL, REV GARY T
LEHIGH ACRES FL 33936
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2197335

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

WARCHOL, GARY T REV
210 LEE BLVD
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WARCHOL, GARY T
STREET ADDRESS 210 LEE BLVD
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE S ☒ Delete
NAME MORRIS, KEITH
STREET ADDRESS 3199 RIVER GROVE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33905

TITLE T ☐ Delete
NAME BOWERSOX, JANET
STREET ADDRESS 3718 13TH ST W
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE D ☐ Delete
NAME YOUNGBLOOD, JAMES
STREET ADDRESS 12877 DEVONSHIRE LAKE CIRCLE
CITY-ST-ZIP FT MEYERS FL 33917

TITLE S ☐ Delete
NAME ALAN DAVIS
STREET ADDRESS 735 MANHATTAN ST.
CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet Bowersox* JANET BOWERSOX
TREASURER

5-7-06

239-369-4001