

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 758597**

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**

**FILED**  
**Jun 18, 2008 08:00 AM**  
**Secretary of State**



03092008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2197335</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CECIL, STEPHEN D  
210 LEE BLVD  
LEHIGH ACRES, FL 33936**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CECIL, STEPHEN D REV 210 LEE BLVD LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MABIN, BETHANY 509 SHADYSIDE ST. LEHIGH ACRES, FL 33936
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YOUNGBLOOD, JAMES 12877 DEVONSHIRE LAKE CIRCLE FT MEYERS, FL 33917
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S PEREZ, GINNY 3203 28TH ST SW LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000953214  
06/18/08-80002-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Bethany Mabin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bethany Mabin 6/18/08 239-369 4001*  
Date Daytime Phone #