

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 765794**

1. Entity Name  
**BELVIEW CHURCH OF THE NAZARENE, INC.**



Principal Place of Business  
6342 SE 123 LANE  
BELVIEW, FL 34420 US

Mailing Address  
6342 SE 123RD LANE  
BELVIEW, FL 34420 US



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1768085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

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

BRINCEFIELD, LARRY C  
6342 SE 123RD LANE  
BELVIEW, FL 34420

**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, 2007**

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  
BRINCEFIELD, LARRY C  
6343 SE 123RD LANE  
BELVIEW, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
EGGART, BRENDA  
15959 SE HWY 301  
SUMMERFIELD, FL 34491

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
VAN VORCE, LOWELL  
13129 SE 49TH CT  
BELVIEW, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GRANT, MARY  
1618 B KILLARNEY CT  
OCALA, FL 34472

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MILLER, MARY  
7155 SE 119TH PLACE  
BELVIEW, FL 34420

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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:**

*Larry Brincefield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

352-245-1208  
Date Daytime Phone #